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AUTHOR	Miller, Leonard A.; And Others
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ABSTRACT

This is the third and final report of a project whose overall objective was to test the effectiveness of new voluntary approaches to continuing education for rehabilitation counselors. Packaged learning materials that are readily accessible to the individual counselors were used. Abstracts of the first two reports are included to provide a comprehensive picture of the project. Outcomes from three different training approaches comprise the content of this report. In general, increases in counselor knowledge (concept development) were successful, while an attempt to develop and measure improved counselor interview skills was not. (TL)

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STUDIES IN CONTINUING EDUCATION FOR REHABILITATION COUNSELORS

Report No. 3, October, 1971

Rehabilitation Counselor Change Associated with Experimental Continuing Education Programs

Leonard A. Miller
Ralph R. Roberts

Jason Andrew
Larry Dickerson
Harold Henderson
Elwyn H. Nagel
C. Esco Obermann
Norman Scheinkman

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FOREWORD

Studies in Continuing Education for Rehabilitation Counselors (SCERC) were directed by a research staff that was organized at The University of Iowa in 1966. In a project of such duration and magnitude, it has involved several professors as well as graduate students.

In such a team effort, from designing the study, collecting data, analyzing data, as well as reporting the data, individual contributions are difficult to separate in order to assign credit. Senior authorship(s) of this and other SCERC publications is granted primarily on the basis of responsibility for over-all direction to the research project and the preparation of the manuscripts for publication; thereafter, the listing of contributing members is alphabetical.

The Studies in Continuing Education for Rehabilitation Counselors were also the product of cooperation by the directors, training directors, research helpers, district supervisors, and counselors in the Illinois, Iowa, and Minnesota State-Federal vocational rehabilitation agencies. Their willingness to become involved in long-term research reflects a high level of professionalism. We would like to recognize specifically the directors of these three state agencies: Alfred Slicer (Illinois), Jerry Starkweather (Iowa), and August Gehrke (Minnesota). We would also like to recognize their training directors: Philip Kolber (Illinois), William Herrick (Iowa), and Joseph Steen (Minnesota). And finally, to our secretary, Mrs. Patricia Hoback, and our M.A. Work-Study student, Douglas Schoenborn who worked so hard on the typing and reading of this material, our thanks.

Studies in Continuing Education for Rehabilitation Counselors were made possible by major financial support from the Rehabilitation Services Administration, Department of Health, Education and Welfare (12-P-55239/7-05); the Studies were greatly facilitated by the staff of the Research and Demonstrations Division of that agency who encouraged the development of this program of research.

INTRODUCTION

This is the third and final report of a series of SCERC reports. The first two reports in this series were titled as follows:

Report No. 1: Continuing Education for Rehabilitation Counselors: A Review and Context for Practice and Research, August, 1969.

Report No. 2: Understanding the Work Milieu and Personnel in Developing Continuing Education for Rehabilitation Counselors, June, 1971.

Copies of this report, as well as the above two reports may be obtained from the College of Education, The University of Iowa, Iowa City, Iowa, 52240, as long as the current supply lasts. These reports have, in addition, been placed on deposit with the ERIC system; copies may be obtained from Leasco Information Products, Inc., 4827 Rugby Avenue, Bethesda, Maryland, 20014.

Copies of the Learning Units, one mode of packaged instruction investigated in these studies, may be gotten for examination from the Department of Rehabilitation and Manpower Services, Materials Development Center, Stout State University, Menomonie, Wisconsin, 54751.

Although this final report presents some of our major conclusions about counselor change associated with experimental continuing education programs, it is anticipated that various analyses and their findings will continue to be forthcoming in the forseeable future in appropriate journals and possible presentations at professional meetings.

Abstracts of SCERC Reports

For the reader who may not have had the opportunity to acquaint himself with the two prior reports in the SCERC project, a brief abstract of those publications is presented along with the highlights of the present report.

The overall objective of the SCERC project was to test experimentally the effectiveness of new voluntary approachs to continuing education for rehabilitation counselors using packaged learning materials that were readily accessible to the individual counselor. Report I sets the stage for the SCERC design by carefully reviewing the dimensions of continuing education, such as the influence of the work environment, the characteristics of the counselor, and various aspects of teaching-learning linkage. The work environment seems to affect continuing education through the pattern and structure of the counselor's work activities, the locale in which he operates, and the rewards, if any, that are given for continuing education. Counselor characteristics that are relevant include aptitude-achievement factors and dispositional factors, the latter probably being the more significant since they encompass interests, values, and personality factors of the counselor.

Teaching-learning linkage is reviewed from the perspective of both learning theory and instructional media. Due to the wide divergence of viewpoints represented among learning theorists and the difficulty in applying research evidence gleaned from animals and children to adult human learning, the chief contribution of learning theory to the task of continuing education may be its recognition that there are several different types of learning such as signal learning, stimulus-response learning, chaining, verbal association, multiple discrimination, concept learning, principle learning, and problem solving, all of which may be relevant to a given educational objective. A review of the research on instructional media failed to show that one method of instructional presentation is more effective than another. Apparently any format for training can be effective if it utilizes the principles of efficient teaching-learning linkage which include such things as (1) the use of advance organizers; (2) single concept presentation; (3) multi-media display for learners; (4) continuous feedback to and response from the learner; and (5) sectioning of learners. Since the objectives of any educational experience can vary from attaining new information to acquiring new skills and even to change in attitudes, the objectives should be clearly stated in advance and the utilization of elaborate audio visual hardware should be carefully scrutinized, since evidence does not support the notion that it is any more effective than less expensive modes of presentation or other methods such as simulated experience or actual experience under supervision.

The latter portion of Report I gives the background of the study and a detailed presentation of the experimental design including the development of the packaged learning materials, selection of the field sites for the experimental and control groups, the instruments used as criteria measures, and the schedule of data collection for the year of the study. In summary there was a sample population of 358 counselors (E=230; C=128) and 69 supervisors (E=36; C=33) drawn from three adjoining Midwestern states. Criterion measures included the SCERC Information Test, Supervisor's ratings, Minnesota Importance Questionnaire, Wonderlic Personnel Test and the Adjective Checklist.

In Report II there is a rather detailed comparison of the counselors in the Experimental and Control groups to determine whether any systematic bias was operating that could influence the outcome of the study. They were compared on a large number of variables that were classified as personal, educational, experiential, professional, attitudinal, and performance on standardized tests. In almost every comparison there was no statistical difference between the Experimental and Control groups. The few variables that did yield a difference indicated that the Experimental group had more women, was slightly more intelligent, and engaged in more professional type activities at a state level such as attendance and participation in professional meetings, casual readings of journals, and holding office in state level organizations. Failure to find a difference between the groups on other variables reflecting professionalization, and the general similarity of the groups on most dimensions, suggested that the counselor population was rather homogeneous at the outset of the study.

A similar comparison was made between the supervisors in the experimental and control groups with similar results. On almost all of the 31 variables which encompassed personal, educational, experiential, attitudinal, and work setting characteristics, the group of supervisors proved to be quite homogeneous with the only difference being a larger number of women in the experimental group and a greater number of control group supervisors working in a facility setting as contrasted with a field office setting. Additionally, on a ranking of the importance of five factors for promotion, the correlation was very low (Rho = .10) with the control group supervisors stressing education and training as most important (as the counselors did) and the Experimental group supervisors emphasizing closures and chance factors being more important.

Another part of Report II reflects the pattern and frequency of present continuing education activities among the counselors in the study, and the value they place upon it. In general, counselors tended to value continuing education although the degree to which they valued it depended on the type of training offered (college, agency, on-the-job), the level of training of the counselor, and the particular job task that the training was aimed at. Experiential training (on-the-job) appeared to be most highly valued by all groups of counselors. Despite the value attached to training, 1/3 of the counselors (N=345) took no inservice training during the study year, another 1/3 had minimal involvement, while the remaining 1/3 seemed to be rather active in inservice training. A "typical" counselor had 5.33 training experiences during the year which represented a time investment of 51.10 hours. The chief areas of study were client-counselor interaction, understanding human behavior, and physiomedical concepts. The three types of inservice training (college, workshop, agency) were found to receive a different emphasis in the three states represented in the sample population.

Counselors were surveyed for their reaction to the learning units developed as part of SCERC - Phase I with the result that most liked them and felt they represented a reasonable approach to continuing education. The most satisfied responses and greatest participation came from older counselors, those who held their degrees for the longest time, and those who generally felt that inservice training was valuable. The most frequently taken learning units tended to deal with physiological-medical terminology and psychological tests.

The latter portion of Report II attempted to relate counselors' characteristics and supervisors' characteristics to participation in the experimental program. For the counselors it was found that higher levels

of training were related to higher scores on the SCERC Information Test, that levels of experience did not appear to be related to knowledge of rehabilitation practices and procedures, and that neither levels of training or experience were related to participation in the SCERC program. A similar finding was reflected in an analysis of the supervisors' characteristics. Differing levels of training or experience were not associated with differing levels of participation by counselors under their supervision. An exception was noted when the fully trained supervisors were compared to the partially trained and untrained collectively. This comparison did reflect a higher participation in SCERC by the counselors working under trained supervisors.

Report III reports on outcomes from three, different, packaged training approaches to the continuing education of rehabilitation counselors in state rehabilitation agencies. In the first, experimental packaged learning approach, learning units, developed as part of SCERC - Phase I, were demonstrated to be effective in increasing counselor knowledge, although individual learning units varied in effectiveness. An attempt to develop and measure the increased skills of counselors in their initial interview behavior, after being given access to client reports, supervisor critiques of tape recorded interviews, and a manual of learning materials, was unsuccessful. Primarily, this was due to lack of data and participation by counselors and supervisors. In a third attempt at packaged instruction for concept development, changes in increased knowledge were demonstrated, even though the format of the instruction differed from the learning unit approach.

CHAPTER I

THE CONTEXT FOR THE DATA ANALYSES IN REPORT THREE

A. Objectives

This third and final report presents results from the overall programatic research effort at Iowa (Studies in Continuing Education for Rehabilitation Counselors); such results, however, must be interpreted in the earlier conceptualizations and results provided by the first two reports: (Continuing Education for Rehabilitation Counselors: A Review and Context for Practice and Research, August, 1969; Understanding the Work Milieu and Personnel in Developing Continuing Education for Rehabilitation Counselors, June, 1971). Although this chapter briefly reviews the design of the SCERC research phases, for a more detailed understanding of the overall research effort, the reader is urged to consult the earlier reports.

As was pointed out in the earlier reports, in Phase I, the SCERC research was intended to research the continuing education of rehabilitation counselors in the area of concept development or information transfer. Criteria for increased skills or dispositional/attitudinal changes were not primary, although in collecting such things as supervisory ratings and perceptions of counselors toward training of one kind or another, some information was gained about these other instructional objectives. However, the primary set was to examine gains in concepts or information, and the correlates of such gains. This phase of the SCERC project had several objectives:

1. To develop demographic data on rehabilitation counselors and supervisors, in state-federal rehabilitation agencies, as well as on their work milieu and certain perceptions held, that might have relevance for future research in continuing education. To also examine selected relationships among such data that appeared to have particular significance for state-federal rehabilitation agency settings. (See Report 2, 1971).

2. To inventory the kinds of continuing educational experiences being provided to practicing rehabilitation counselors over the course of a year. (See Report 2, 1971).

3. To test an experimental approach to continuing education, designed according to certain teaching-learning linkage. (See Report 1, 1969).

This third report presents results from Phase I SCERC research on changes in counselor knowledge associated with participating in an experimental program of continuing education, as well as two other experimental programs of continuing education that were tested.

B. Selection and Development of Field Sites - SCERC Phase I

The initial phase of SCERC Phase I research was conducted in three state-federal rehabilitation agencies: Illinois, Iowa, and Minnesota. The selection of such a study area was based on several considerations. A practical and important one was ease of accessibility to these states and their agreement to get involved in such long term research. They are also medium sized (100-150) counselor agencies as well. But an equally important consideration is that counselors actually work for a specific

state agency. To study the problems involved in the continuing education of rehabilitation counselors, the relationships and problems within continuing education must be examined "in situ," i.e., in an actually operating agency as a whole. The question, then, of to whom the results of this study can be generalized becomes critical and cannot be avoided. At one level, it was decided, in effect, to confine the research to a sample of three, actually operating state rehabilitation agencies. Most simply, the results can be restricted to what happened in these three states, and what will possibly happen in the future. Inferential tests, then, would be generalized to future personnel in such agencies. The argument is that if the research were done over again, there would be a certain level of confidence that results would be replicated in these three states. If, on the other hand, it is believed that personnel operating in these agencies are reasonably similar to personnel in many of our state-federal agencies, and the demographic data (in Report No. 2) should provide the reader with some notions of this, and further that the structure of all state agencies does not diverge too widely, then generalization of results can be increased. Perhaps the most straight forward view that can be taken is that the research was conducted in three separate "laboratories" comprised of three actually operating state agencies. If the results stimulate others to apply and research continuing education in other agencies, our goal will be accomplished.

A final note on the question of sampling should be made. Actually, the counselors were not individually selected; they entered the study because the office in which they worked had agreed to participate. Also since Phase I of the SCERC project was conducted over the course of a year, it was inevitable that some counselor and supervisory turnover would occur. It was also inevitable that certain inventories and other instruments used in the research would be unusable or incomplete. As a result, during the project year, the number of supervisors ranged from 64-69, and the number of participating counselors from 308-358. There appear to be no differences between experimental and control offices in either turnover or incomplete ballots; however, a record of personnel turnover was maintained and at some future date it is hoped to examine such data and its relevance to the problems in the continuing education of rehabilitation counselors. As a result of such factors, however, the number of subjects involved will differ in different analyses.

The directors and training directors from these three states were made acquainted with the project's broad outlines at a three-day conference at The University of Iowa. The conference provided the SCERC staff with much feedback on relevant topics for development, as well as probable problems in data collection. At the conclusion of the conference, training directors were provided with materials for explaining the project to district or area supervisors as well as to the counselors in their states.

From district or area offices where the supervisors and counselors volunteered to participate in the study, the SCERC staff designated seventeen offices as "experimental" offices and fourteen as "control." A list of the experimental and control offices is given in Appendix F. The designation of offices as "experimental" or "control" was accomplished after supervisors completed a questionnaire (see Appendix A) giving personal data on the supervisor and his office. From these data, a relatively comparable group of urban-rural offices, trained-untrained supervisors, and trained-untrained counselors were assigned to the experimental and control groups. The experimental offices received the set of thirty learning units after the initial testing of counselors was accomplished; the control offices, of course, did not.

For each office participating in the study, a Research Helper was trained at a central meeting held in each of the three states. The experimental office Research Helpers, usually a senior clerk in the office, were instructed in (1) managing the experimental learning units; (2) the testing of counselors, particularly new counselors in the office; and (3) the reporting of results to SCERC headquarters. Control office Research Helpers received similar instruction except for managing the learning units. Each Research Helper also received a manual which provided written instructions for reference when back in the office. Research Helpers were paid a token honorarium for their participation in the project.

C. Testing and Data Collection in Initial SCERC Study

An overview of the sequence in data collection during the initial SCERC Study is provided in Table 1.

TABLE 1

An Overview of Data Collection in the Initial SCERC Study

Instruments Administered	Administered to	Time of Administration
1. Minnesota Importance Questionnaire (Weiss, et al., 1964)	All counselors in experimental and control offices	When entering into project
2. Wonderlic Personnel Test (Wonderlic, 1967)	All counselors in experimental and control offices	When entering into project
3. Adjective Checklist (Gough, 1952)	All counselors in experimental and control offices	When entering into project
4. Counselor Questionnaire (See Appendix B)	All counselors in experimental and control offices	When entering into project
5. SCERC Information Test	All counselors in experimental and control offices	(a) When entering into project, (b) at the end of 6 months, June, 1969, and (c) at the end of the project year December, 1969
6. Supervisory Ratings (See Appendix G)	All counselors in Experimental and control offices	(a) When entering into project, (b) at the end of 6 months, June, 1969, and (c) at the end of the project year, December, 1969

7. Cumulative Training Record Card (See Appendix C)	All counselors in experimental and control offices	Maintained over the course of entire project year by Research Helpers
8. Learning Unit Evaluation Forms (See Appendix E)	Counselors in experimental offices	After counselor completes a learning unit
9. Supervisor's Questionnaire (See Appendix A)	All supervisors in experimental and control offices	When entering into study

As Table 1 indicates, data collection in this initial SCERC study proceeded throughout the year. Except for the completion of Learning Unit Evaluation Forms (which were part of the treatment), counselors in both experimental and control offices were tested and other data were collected on them in a similar manner. Whenever a counselor was promoted to supervisor or left an experimental office, he was dropped from the study at that point. Whenever a counselor was recruited or transferred into an experimental office he was allowed to begin taking learning units after the initial battery of instruments was completed. Counselors who were recruited during the study year in control offices also completed the instruments for the study.

Research helpers, on a quarterly basis, mailed reproductions of the Cumulative Training Record Card to SCERC headquarters. Such cards are a record of all training that counselors took during the study year; for counselors in experimental offices, this included SCERC Learning Units. A duplicate set of Cumulative Training Record Cards were maintained at SCERC headquarters by posting from these quarterly reports (see Appendix C).

D. Development of Learning Units

The SCERC approach to concept development for counselors in state VR agencies involves a series of 30 learning units. Each unit consists of a tape-recorded auditory presentation, with printed supplements requiring counselor reponses that are keyed to the auditory component. Once a counselor has finished a learning unit, he may keep the printed supplements for later review. The units are relatively independent of each other and, for the most part, can be taken in any sequence. Each unit focuses as much as possible on only one topic of relevance to the work of the counselor. Each unit generally requires no more than an hour to complete.

From an initial list of 112 topics, the training directors from the three states providing the field testing (Illinois, Iowa, and Minnesota) helped select the thirty topics that were finally developed into learning units; they did this by ranking topics by the degree of relevance for their agency. The topics covered in the final set of thirty learning units are presented in Appendix D.

In constructing each learning unit, the teaching-learning links described in Report No. 1 were incorporated as much as possible. In the beginning of each unit, advance organizers are included in an attempt to present the learner with an overview of what is to follow. Content is

both heard and seen, particularly when diagrams or schema can help clarify the auditory presentation. The learner is asked to respond to printed questions or solve problems when these are appropriate.

Prior to taking any learning units, counselor subjects were given a 300-item Information Test. The 300-item test was composed of 30 sub-tests, made up of ten key questions on each learning unit. Each counselor received a profile of his learning unit test scores, indicating which units covered material with which he was relatively unfamiliar. This feedback would allow counselors to "section" themselves and avoid unit content they already understood or had mastered. At the end of six months (June, 1969) and at the end of the year (December, 1969) they again took an Information Test, composed of half the original test. The reduced test was developed by statistically analyzing the original test for the most discriminating test items, and selecting those most discriminating as well as relevant. A split half reliability estimate of .95 on total score was demonstrated.

Each counselor in offices where the learning units were installed also received a loose-leaf type of catalog which contained instructions on how to take learning units, a description of content in each unit, and provided a place to store notes and printed supplements after taking a learning unit.

A Learning Unit Evaluation Form was developed (see Appendix E) and completed by counselors after taking a learning unit. This form provided the counselor and the SCERC research staff with the means of assessing various dimensions of the content and presentation. Such forms were mailed periodically to SCERC headquarters at The University of Iowa.

E. Development and Procedures for SCERC - Phase II

To better acquaint ourselves with the problems of continuing education for rehabilitation counselors in state agencies, as well as collect additional data on such problems, it was decided to construct and test an experimental continuing education program which focused on skill development, rather than on simply information transfer or concept development as Phase I had done. The counselor skill(s) which was selected for experimentation was the initial interview behavior of the counselor. In short, we wanted to test whether or not a packaged instructional approach, built on teaching-learning linkage (see Report 1, 1969) could promote measurable change in the skills a counselor displays during initial interview with clients.

F. Selection of Sample - SCERC Phase II

For this phase of the research, the study was restricted to the Iowa Division of Rehabilitation Education and Services agency, and utilized an overall sample of 96 counselors employed in 17 field offices, as well as 25 supervisors who volunteered for the project. In larger offices, in order to reduce the effort of the supervisor in the project, six counselors were randomly selected from all those who volunteered, since the supervisor, in the course of the project was to hold monthly, individual conferences covering a tape-recorded initial interview with each participating counselor. These samples of counselors and supervisors may be considered heterogeneous with regard to the following: office location (urban or rural), size of staff, clientele served, level of education, and experience.

In this phase of the research, it was also decided to try to use the counselors as their own controls, and to avoid the use of a separate control group. Consequently, as the following section on design indicates, an attempt was made to measure their skills in inital interview behavior for a period of time prior to the actual attempt to change such skills through an experimental continuing education effort.

G. Overall Design - SCERC Phase II

Essentially, the design of Phase II was based on providing the counselor with two sources of information or feedback on his skills in initial interviews: (1) client reports; (2) supervisory critiques of tape-recorded interviews. It was thought that by providing the counselor with periodic profiles of what clients thought he had accomplished with them on selected dimensions of initial interview interactions, as well as monthly supervisory critiques of tape-recordings, the counselor could select from packaged instructional materials in his possession those he thought might help him improve on certain skills--if this seemed indicated. In brief, we believed that by providing the counselors with information on how well he was performing certain tasks in the initial interview, and by making packaged instructional material available to him, he would voluntarily elect to use such materials in trying to improve skills in the initial interview where indicated.

H. Instruments and Data Collection - Phase II

A Client Report Form (see Appendix H) was developed which focused on five goals counselors could endorse as goals they typically try to achieve in the initial interview. These goals are:

1. Understanding the client's situation and the help he needs.

2. Giving the client a good idea of what the agency could do for him.

3. Giving the client a chance to get his own ideas and wishes across.

4. Giving the client the feeling of knowing what was to happen next.

5. Giving the client a chance to express his feelings and believe the counselor understood him.

These forms, after several revisions and pre-testing with actual clients in local offices, were handed out to clients in the participating offices by paid research helpers (usually the same persons who had cooperated in SCERC - Phase 1) with instructions for the client to complete and return directly to The University of Iowa. Stamped, addressed envelopes were provided the client to aid in this.

A Supervisor's Tape Recording Observation Form (see Appendix I) was developed which focused on the same five goals listed in the client report form, as well as a general evaluation of how the counselor was doing in that recorded interview. Supervisors in the project were brought to a three-day workshop in March, 1970, prior to launching Phase II in order to sharpen and achieve some standardization in what was observed in tape recorded interviews; this was in preparation for their later effort in the project. Prior to the workshop, they were given selected readings, which

they read before coming; at the workshop, they were broken into small groups and focused on programmed tapes, developed by The University of Iowa staff, as well as discussed actual tapes they had brought, on initial interviews held by a counselor in their office. The supervisors' reactions to the workshop, upon its conclusion is presented in Appendix J.

A third instrument utilized in SCERC - Phase II was the Helping Relationship Inventory (HRI). This instrument is an adaptation by Jones (1965) of the Porter Counseling Procedures Pre-test (Porter, 1950). The HRI consists of 25 items, each having a brief vignette depicting client verbal dialogue. The counselor, in responding to this vignette, is required to rank-order five possible counselor responses. The five response modes and a general description of each is presented below:

> Understanding. A response tendency which indicates that the counselor's intent is to so respond as in effect to ask the client whether the counselor understands what the client is "saying," how the client "feels" about it, how it "strikes" the client, how the client "sees" it. This is the Rogerian reflection-of-feeling approach.
>
> Probing. A response tendency which indicates that the counselor's intent is to gather further information, provoke further discussion along a certain line, to query. He in some way implies that the client ought to or might profitably develop or discuss a point further.
>
> Interpretive. A response tendency which indicates that the counselor's intent is to teach, to impart meaning to the client, to show him. He in some way implies what the client might or ought to think, however grossly or subtly.
>
> Supportive. A response tendency which indicates that the counselor's intent is to reassure, to reduce the client's intensity of feeling, to pacify. He in some way implies that the client need not feel the way he does.
>
> Evaluative. A response tendency which indicates that the counselor has made a judgment of relative goodness, appropriateness, effectiveness, rightness. He in some way implies what the client might or ought to do, however grossly or subtly (Jones, 1965).

Although no formal validity studies have been reported in the literature, investigations reviewed on the HRI indicate that this instrument holds some promise in counselor education research. Jones (1967) studied the reliability with a group of NDEA Counseling and Guidance Training Institute enrollees conducted at the University of Alabama. He found a mean estimated reliability of the five scales, as computed by split-half method, of .86, and the subscale reliabilities ranged from .96 (Understanding) to .71 (Interpretive).

SCERC - Phase II began in June, 1970, and was to be completed at the end of December, 1970. It was thought that three measures of change would be followed in this time:

1) Client reports

2) Supervisory tape-recording ratings

3) Changes of the counselor on the Helping Relationship Inventory (HRI).

The overall design of this phase of research was as follows:

On June 1: a) Begin collecting client reports on participating counselors

b) Counselors complete HRI

On August 1: a) Counselors given manual of instructional materials

b) Counselors given first profile of client reports

c) Counselors begin having monthly conferences with supervisors on tape-recorded interviews

d) Counselors take HRI again

On October 1: a) Counselors given profile of client reports

On December 1: a) Counselors complete HRI for the final time

b) All data collection, e.g., client reports, supervisory ratings, stop

c) Counselors complete an over-all reaction sheet to the project

TRAINING MANUAL - SCERC - PHASE II

An important part of SCERC - Phase II, was to provide the counselor with easily accessible learning resources, in the event that the counselor, or a group of counselors, might want to change some aspect of their initial interview behavior. A selected set of readings, group exercises as well as two annotated typescripts, were printed and provided to the counselor in a training manual (see Appendix M for the table of contents of this manual). The manual's contents were keyed to the five initial objectives listed on the Client Report Form as well as the Supervisory Tape-Recording Observation Form. This was to facilitate the counselor being able to utilize the manual when only interested in one of the objectives and not necessarily study the manual as one does an ordinary book.

I. A Regional Experimental Program of Continuing Education for Rehabilitation Facilities -- Overall Design

In 1970, while the Studies in Continuing Education for Rehabilitation Counselors research was still being carried out (Phase II), an opportunity to provide an experimental program of training in rehabilitation facilities for counselors presented itself. The Region VI Social and Rehabilitation Services staff requested that The University of Iowa provide such training, on a regional basis, and allowed the training to be provided in an experimental manner, with some research elements designed into it. The directors of state rehabilitation agencies in Region VI (which has been reconstituted into Region VII) were approached and the following agencies agreed to participate: Iowa, Kansas, Minnesota, North

Dakota, and South Dakota Blind. From this group of agencies, 274 counselors were involved in the project.

Building again on our teaching-learning links (Report No. 1, 1969), it was decided to provide learning materials to the district offices in which the counselors were located, and to make such materials compatible with holding four, small, group sessions in such offices.

Three types of learning materials were packaged for distribution:

1) A manual of readings, divided into four group sessions, to be studied prior to each group session (see Appendix K for the table of contents of this manual).

2) Tape recording of three interviews with the directors of the Minneapolis Rehabilitation Center (Mr. Robert Walker); Curative Workshop, Milwaukee (Mr. T.S. Allegressa); Institute for the Crippled and Disabled, New York City (Dr. Salvatore Di Michael).

3) A set of 2 X 2 slides on three major rehabilitation facilities (Minneapolis Rehab Center; Curative Workshop, Milwaukee; Institute for the Crippled and Disabled, New York City).

For each group meeting, an annotated guide to the readings as well as the conduct of the meeting was provided to give some structure (advance organizers) for the district office staffs. The four meetings were to be held approximately two weeks apart, although this varied by district office, depending on when they could work them in, and each meeting was to last 2-3 hours.

In the guides to the group sessions, the leader was urged to utilize local facilities people as speakers where indicated, and also at the final session to provide some practice to counselors in referring to facilities actual clients they were working with at that time.

Prior to beginning the training, counselors completed a 35-item multiple-choice examination, covering the material, as well as provided some personal data on themselves. Counselors completed the examination by responding on a Trainer-Testor Response Card (produced by Van Valkenburgh, Nooger & Neville, Inc., see Appendix L). Such a device, which the counselor completes by erasing what he thinks is the correct response, provided the counselor with immediate feed back on what he knew, and eliminated having to send the counselor his examination score. When the training group sessions were completed, counselors again took the multiple-choice exam, with the questions in a different order, and sent the Trainer-Tester Response Card to SCERC headquarters. Consequently, we developed pre- and post-measures on the increase of information or concepts held on rehabilitation facilities.

As part of this project, two hours of graduate credit were allowed, if the counselor decided to pay the necessary fees and submit a written exercise to SCERC headquarters upon the completion of each group session. Of the 274 counselors who undertook the training, 61 counselors elected to take it for credit. This permitted us to compare those taking it for credit, with those not doing so.

At the end of the training, counselors also completed an over-all reaction sheet to the training.

CHAPTER II

THE OUTCOMES OF AN EXPERIMENTAL CONTINUING EDUCATION PROGRAM IN CONCEPT DEVELOPMENT

A. A Brief Review

With the shortage of trained personnel in the field of rehabilitation counseling, effective methods of providing concept or information development in the continuing education of employed counselors seems necessary. This shortage of trained personnel continues to exist despite efforts by the state agencies and the federal government to rectify the problem through support of graduate training and other training efforts. In addition, during a period of inflation, program expansion with new disability groups, as well as cut-backs in program monies, we can anticipate the employment of untrained (non-M.A.) counselors to possibly increase throughout the years in the immediate future. A prior question is: Does any training really matter?

In a study of factors influencing rehabilitation agency effectiveness between the years 1960 and 1963, Harbridge House, Inc., (1963) reported the following on inservice training:

> The most striking impression regarding training is that "training" is so generally accepted in most agencies as unquestionably desirable that it has come to assume ritual characteristics. In effect, many agencies regard any training as desirable, regardless of whether the particular training is appropriate to the agency's major training needs, whether the form of training is the best for meeting that need, and so forth. Consequently, many agencies provide training that is almost too profuse.... with no pattern tying them together or to the state's goals.
>
> Most agency training is not based on a systematic evaluation of the training needs in relation to the agency's overall plans for development and to its ultimate goals.
>
> No agency, before beginning training, had developed a systematic estimate of the skills required by its staff and, which were lacking and thus constituted the training needs. In most cases little thought was given to what results could be expected from a particular training activity.
>
> A few agencies expected an estimate of the most useful subject matter from those who were to receive training. Typically, counselors would make suggestions. The topics most often suggested were then selected for inclusion in the training programs. The participative aspect seemed to create a great deal of interest in the training offered, and a procedural approach to defining training needs appeared to establish more confidence in training than when no system was used. However, the counselors were not briefed upon agency plans or asked to relate their suggestions specifically to agency objectives. It is moot whether the subjects that counselors considered most interesting were those they needed most to improve their skills.

A major reason for the agencies' failure to assess training needs systematically seems to be their lack of understanding or use of performance appraising devices.

What was true then, appears to be true now. For example, as part of the SCERC project, (Report No. 2, 1971) a survey of the inservice training participation of 345 employed state agency rehabilitation counselors from three mid-western states concluded: (1) There is no apparent agreement as to the rationale for an inservice training program. Each state surveyed appeared to be operating on assumptions regarding inservice training unique to its own program. (2) A majority of state agency counselors participate in inservice training activities (66.3 per cent reported some inservice training participation), but relatively few counselors receive most of the training (only 33.7 per cent of the counselors reported participation in more than five separate training experiences during the year of study) and 33 per cent take no training. (3) Agency training is the most prevalent type of inservice training involvement by state agency counselors. However, since agency training was concentrated in selected offices, college training is probably the most prevalent general form of inservice training. Workshop training is rarely used. (4) The subject content of current state agency inservice training programs emphasize client/counselor interaction, an activity considered extremely important in offering optimal services to the client by counselors and counselor educators (Muthard and Salomone, 1968; Cantrell, 1958). (5) Counselor inservice training involvement tends to be seasonal with high involvement during the winter months and little activity during the summer.

The Joint Liaison Committee for Inservice Training practices surveyed 31 rehabilitation counselor coordinators and their involvement in inservice training programs with state agencies (Carlson, 1966). Some of the major findings of this survey are as follows:

1. All the coordinators indicated a willingness to sponsor or participate in six types of inservice training programs, although in only three types did 70 per cent or more of the coordinators actually work with a state VR agency during the previous two years.

2. Sixty-four per cent of the coordinators reported that in the past two years they had been called upon by a state VR agency for consultation on staff development; 44 per cent reported consultation with the Regional VR Office.

3. The coordinators were asked to rank areas of inservice training to which they could best contribute their time. In terms of the mean ranks, the most frequently designated areas in rank order were as follows: Counseling-Testing, Orientation, Medical Aspects of Disability, Supervisory Development, Mentally Disabled, Community Resources, Placement, Motivation, Case Recording and Rehabilitation Facilities.

4. The three most frequently reported methods by which coordinators felt their program could provide staff development training were: (1) University sponsorship of short courses, workshops, and institutes; (2) formal courses and (3) individual consultation to state and regional training programs.

Despite the lack of much empirical evidence as to what direction a continuing education program should take many individuals and organizations have offered suggestions for content of such programs.

HEW's Guidelines for Action (1966) suggests that "The State agency's program of inservice training, which is primarily one of orientation of newly employed rehabilitation counselors to the philosophy, structure, role, policies, procedures and forms, is no longer sufficient to meet the needs for continuing education and professional growth of the counseling staff. The amount and depth of the inservice training that each new rehabilitation counselor needs depends upon the academic background and work experience that he brings to the agency."

"Basically, the inservice training operation must be continuous; available to all staff, implemented through supervision by a staff qualified to deal with the teaching and enabling aspects of supervision necessary to carry out the agency's service standards. It should include planned opportunities for appropriate group training within the agency and through the use of outside resources. Inservice training should be recognized as a distinctive part of the total preparation of the rehabilitation counselor."

Based on data collected from rehabilitation counselors, Goldin (1965) suggests that an inservice training program should supply the material which will assist in developing the following skills and knowledges: (1) the ability to help the client to select and make the best vocational development; (2) the ability to utilize community resources judiciously for the benefit of the client; (3) knowledge of the psychodynamic principles involved in the rehabilitation counseling process; and (4) skill in case recording, office procedures, and other mechanical aspects of the job.

Jaques (1959) conducted an investigation of the counseling process in rehabilitation as practiced by counselors employed in various rehabilitation settings or agencies. In addition to focusing on the critical job requirements of counseling in rehabilitation settings, Jaques sought to provide basic data which would make possible a more precise formulation of the training needs of rehabilitation counselors.

One of the conclusions by Jaques was that the types of behavior reported by trained counselors tend to differ from those reported by untrained counselors in that trained counselors were better able to recognize factors contributing to ineffectual counseling such as (1) failure to develop a counseling relationship, (2) failure to recognize client readiness for service, and (3) ineffective interpretation of professional judgment by the counselor. According to Jaques this suggests that counselors can be prepared by graduate study to be more concerned and sensitive to the importance of the critical requirements of their work. It was observed that the above findings also suggest that the use of the critical incident technique in studying the counseling process in rehabilitation settings, has numerous implications for designing inservice training and supervisory practices based on individual counselor training needs.

Also, pertinent to the need for establishing inservice training on the basis of counselor training needs, was Jaques' conclusion that the amount of experience appeared to be of limited importance in identifying the types of effective or ineffective behaviors reported by rehabilitation counselors in her study.

Muthard and Salomone (1968) asked a national sample of counselors from state agencies, rehabilitation facilities, and blind agencies (N = 378) to indicate what percentage of their time was spent in major activities. Their findings indicate between 30 and 40 per cent of counselor time is spent in counseling and guidance activities. A significant proportion (about 25 per cent) of the counselor's time was devoted to recording, clerical work, and reporting.

The authors conclude that the curriculum emphasis of existing rehabilitation counselor education programs with respect to certain skills and knowledge may not be congruent with the importance of related tasks and duties to the total job. There are implications in these findings for development of a continuing education program as well.

Townsend (1968) attempted to determine the staff development needs of counselors employed in the state-federal vocational rehabilitation programs in Colorado, Idaho, Montana, Utah and Wyoming. By comparing the scores made by employed counselors on the basic knowledge areas of the Graduate Examination in Rehabilitation Counseling, the author attempted to determine the relationship between formal counselor training, experience on the job, and level of knowledge as measured by performance on the examination. The following was reported:

1. Significant differences were found between inexperienced, experienced, and professionally trained counselors in terms of their knowledge in several subject areas and total score of the Graduate Examination.

2. Significant differences in total scores on the Graduate Examination were found between experienced counselors with Master of Arts degrees in Vocational Rehabilitation Counseling or related fields (higher scores), and experienced counselors with Bachelor of Arts degrees (lower scores).

3. Significant differences in total scores on the Graduate Examination were found between inexperienced counselors with Master of Arts degrees in Vocational Rehabilitation Counseling or related fields (higher scores), and those with Bachalor of Arts degree (lower scores). These findings suggest trained counselors at least know more about their job than untrained counselors.

Ayers (1966) found a significant difference between trained and untrained rehabilitation counselors in their rate of acceptance of clients with severe disabilities for rehabilitation services. The more highly trained counselors were found to have higher numbers of severely disabled clients in their case loads. This suggests that the more highly trained counselors may feel more competent in handling severely disabled clients or are more willing to risk the greater possibility of failure with such clients. Apparently there are benefits from employing trained counselors.

Many of the problems which arise in the continuing education of rehabilitation counselors arise from persisting questions about the rehabilitation counselor's job, such as the lack of agreement regarding what constitutes successful counseling performance (Muthard and Miller, 1966), or to achieve closure on the necessary and sufficient training and skills a counselor should possess (Ellwood, 1968; Olshansky and Hart, 1967; Patterson, 1968).

Miller and Obermann (1969) state that as the rehabilitation counselor moves into new settings or his job becomes more specialized in clientele or function, "the large questions of criteria for success and necessary training must be answered repeatedly before the continuing educational programs of state-agency rehabilitation counselors develop adequately coordinated experiences with demonstrated relationships to desired job outcomes."

From a survey of State-Federal rehabilitation agency personnel practices, Muthard and Miller (1966) found that 61 per cent of all rehabilitation agencies use reports on counselor performance only "occasionally" or "seldom" in establishing inservice training goals.

Twiford (1965) states that the increased effectiveness of the counselor as a professional practitioner is perhaps the best indicator of the success of an inservice training program. The evaluation of inservice training should be continuous and geared to a broader evaluation of the total educational program, its accomplishments and needs.

Miller and Obermann (1969) in discussing the context of continuing education of rehabilitation counselors suggest that the agency itself influences a counselor's need for continuing education and therefore has implications for the design of any effective program of continuing education. Important in the rehabilitation agency philosophy is a service orientation (Goldin, 1965). This emphasis on service may lead to an uncoordinated program of continuing education for counselors as participation in such programs may take counselor time away from pressing client needs. Time becomes an important factor in evaluating continuing educational proposals.

The National Rehabilitation Association (1960) has expressed support for continuing education as one means for dealing with trained personnel shortages. They have recommended improving the efficiency of currently employed counselors through continuing education in the form of inservice training.

Apparently everyone is for continuing education and many benefits may accrue by allowing employed rehabilitation counselors the opportunity to become more highly qualified, yet current methods have not adequately fulfilled this need. A method of instruction based on learning theory and media management may offer a new avenue for more fully meeting a pressing need in a young and growing professional field.

A significant part of any job is knowledge about factors relating to the performance of that job. This is assumed to be true for rehabilitation counseling, as indicated by the heavy emphasis on factual information in university graduate training programs. One of the apparent goals of such training and therefore most continuing educational programs, if we wish to make all counselors as comparably well "trained" as possible, is to increase the counselor's knowledge about his job.

According to the Professional Examination Service (1967) reporting on the development of the Graduate Examination in Rehabilitation Counseling this relationship between information and training holds up. They reported mean differences on the multiple choice examinations between entering and graduating rehabilitation counseling students from 23 colleges and universities on total test score and all subscores to be significant at the .01 level.

The importance knowledge has for the employed rehabilitation counselor has been documented by Muthard and Miller (1963) in a study of state agency practices in evaluating counselors. All agencies, regardless of type, reported to hold ability and knowledge most important, a counselor's performance second and personal traits as least important in the evaluation of a counselor's overall value to an agency.

Wright, Smits, Butler, and Thoreson (1968) reported the perceptions of 280 rehabilitation counselors from nine state agencies on how a counselor might be responsible for problems in counseling and planning. These counselors (forty-four per cent) indicated a lack of knowledge or skill in any area for which a counselor has responsibility to be the most frequent cause of problems.

Despite the fact that knowledge is held in high regard by both counselors and administrators in state rehabilitation agencies, little empirical evidence exists in the field to substantiate its importance when relating counselor knowledge to actual job performance.

From school counseling we find evidence that educators and administrators use different standards in judging counselor job performance (Johnson, 1966). Such an attitude is suspected in the rehabilitation field also if one considers the findings of the Joint Liaison Committee (1963) with regard to the concerns of trainees who leave state agency jobs because of the lack of emphasis on the client and the counseling relationship. Also, Jaques (1959), Muthard and Miller (1966) have conducted research which lends credence to such a belief.

Joslin (1965) performed a correlational analysis to test hypotheses regarding the relationship between school counselor trainees' knowledge of counseling and actual counseling competence. Ratings of randomly selected tape recorded interview samples from 39 counseling trainees were correlated with an achievement test designed to assess counseling knowledge. Consistently low correlations were reported leading the author to conclude that emotional or attitudinal factors should be given greater consideration in counselor preparation. He concluded that some doubt exists regarding the effectiveness of counselor education programs offering only didactic course work.

Engelkes and Roberts (1969) investigated the effect of different levels of training on the job performance of employed rehabilitation counselors. Employing supervisors' global ratings of counselor performance and client reports of satisfaction with their counselor as criterion measures, the authors attempted to differentiate between four levels of training while holding counselor experience constant. The results revealed no significant relationship between levels of counselor training and either supervisors' ratings or client reports of satisfaction. The authors suggest that the failure to find significant results may be due to the fact that all of the clients in the study were closed rehabilitated, making a "halo effect" likely in their evaluation of counselor performance. Also a different definition of counselor effectiveness may be used by the state rehabilitation agency supervisors and rehabilitation counselor educators in evaluating counselor performance, thus making counselor training irrelevant to actual job requirements. Also suggested is the possibility that while counselor educators know what knowledge to impart to their trainees, they fail to effectively communicate the content adequately. The apparent emphasis on didactic course work in such programs may confound the experiential emphasis of agency supervisors causing the trained counselor to be less effective in the counseling role. Engelkes suggests more emphasis on

experiential training such as practicum experience might be more effective than current efforts.

Because of the diversity of this review it may be helpful to point out the relevance of this literature to the current research project. As one begins to look at the previous efforts at developing a continuing educational program for employed rehabilitation counselors, he cannot help but be impressed by the lack of organization of those efforts. The current project has made an attempt to assimilate the significant parts of those past efforts as they relate directly to the training needs of the employed counselor. The literature has suggested the importance of rehabilitation counselor knowledge to the counselor and his agency administrators. This factor led to the decision to use counselor knowledge as the criterion measure for the effectiveness of the pre-packaged instructional approach to inservice training. As part of this attempt to develop and organize an effective program of counselor inservice training for concept development, it was deemed necessary to make use of what is known about learning theory and educational media management. Consideration of such learning theory factors and practical considerations such as cost and individual flexibility led to the construction of the learning units and the form of presentation described in Chapter 1.

B. Results

The results in this chapter are based on comparing pre- and post-information test scores on counselors in the study, both experimental and control. The scores that are compared were collected at the beginning and at the end of the project year. There were 136 experimental and 69 control counselors on whom both sets of scores were available. For a much fuller discussion, see Chapter I of this report as well as Report 2, (1971). where discussion of the overall design as well as how well the treatment and control counselors "matched" can be found. Our intent here is to focus on presenting the following analyses: The first analysis attempts to evaluate the overall effectiveness of a packaged instructional approach to concept development in rehabilitation counselors by comparing changes in the SCERC Information Test scores during the year of this study for 136 experimental counselors and 69 control counselors. A second similar analysis was carried out comparing the 100 experimental counselors actually taking the learning units with 36 experimental counselors who chose to take no learning units and with the 69 control counselors. The second section of this results chapter discusses the effectiveness of each of the thirty learning units in this packaged instructional program for rehabilitation counselors by comparing experimental counselors who actually took a particular learning unit with experimental counselors not taking the unit and control counselors.

Analysis of the Overall Effectiveness of the Experimental Continuing Education Program

A Type I design (Lindquist, 1953) analysis of variance was used to compare changes in SCERC Information Test scores for experimental counselors and control counselors during the period of study. It must be remembered that all experimental counselors are used in this analysis, even if they took no learning units. This is a further check on factors in experimental offices that might have influenced test scores, but are not associated with actually taking a learning unit. Table 2 reports the results of that analysis. No significant interaction is noted between the two groups. Both groups improved significantly (A-Effect) during the year on the

criterion variable, but were not significantly different at the end of the study.

TABLE 2

Summary Table for a Type I Analysis of Variance for Experimental Counselors (N = 136) vs. Control Counselors (N = 69)

	DF	SS	MS	F-RATIO
Subjects	204	129.53	0.63	
B-Effect	1	1.89	1.89	3.00
Error (B)	203	127.64	0.63	
Within	205	24.04	0.12	
A Effect	1	3.24	3.24	31.75*
AB Effect-Interaction	1	0.10	0.10	0.98
Interaction Error	203	20.70	0.10	
Total	409	153.56	0.38	

*$p < .05$
A Effect - Pre-test vs. Post-test scores
B Effect - Experimental counselor scores vs. Control counselor scores

A second Type I analysis of variance which compares treatment counselors who actually took the various learning units with treatment counselors who chose not to participate and control counselors is reported in Table 3. Significant F-ratios are indicated for both the A-effect and the interaction effect suggesting that while all groups improved in total SCERC Information Test scores during the period of study, the groups were significantly different from one another at the end of the study.

TABLE 3

Type I Analysis of Variance for Experimental Counselors Taking Learning Units (N = 100) vs. Experiemntal Counselors Not Taking Learning Units (N = 36) vs. Control Counselors (N = 69)

	DF	SS	MS	F-RATIO
Subjects	204	146.39	0.72	
B Effect	2	6.01	3.00	4.32*
Error (B)	202	140.39	0.70	
Within	205	37.78	0.18	

A Effect	1	3.99	3.99	25.34*
AB Effect-Interaction	2	1.99	1.00	6.32*
Interaction Error	202	31.80	0.16	
Total	409	184.17	0.45	

*$p < .05$
A Effect - Pre-test vs. Post-test scores
B Effect - Experimental counselor scores vs. control counselor scores

Analysis of the Effectiveness of the Individual Learning Units Comprising the Experimental Training Program

Thirty separate covariance analyses (Winer, 1962) were performed to evaluate the individual effectiveness of each learning unit of the total packaged instruction. This was effected by adjusting the means of all groups (experimental counselors taking a particular learning unit, experimental counselors not taking the indicated learning unit, and control counselors) to hold prior knowledge relevant to the criterion variable (SCERC Information Test scores) constant, allowing this pre-test knowledge to covary with improvement in the test scores during the period of study. Table 4 reports the results of these analyses.

Table 4 indicates that for twenty-four learning units, the adjusted post-mean score for experimental counselors who had taken that learning unit was higher than either the mean score for experimental counselors who had not taken that learning unit or control counselors. In seventeen learning units, the adjusted post-mean score for experimental counselors who had taken the learning unit was significantly higher than either experimental counselors who had not taken the learning unit or control counselors (in eleven instances, the mean was significantly higher than the control counselor mean score).

Since the test for each learning unit consisted of only five items, the sensitivity of the instrument for detecting change was necessarily diminished, particularly when one considers the fact that the items were used in both the pre- and post-testing; consequently, there is some reason to suspect that memory effects may have reduced variability in information test scores.

C. Discussion and Summary

This experimental program of packaged instruction was constructed to make maximal use of current knowledge of media management and learning theory in an effort to build the most effective and efficient program possible. An effort was made to make the materials attractive to counselors seeking more knowledge about their professional duties. However, whether or not a counselor elected to take such training was voluntary. Over 26 per cent of the 136 treatment counselors failed to take any of the learning units and only one learning unit was taken by as many as 51 counselors suggesting that counselor motivation for participation in this particular venture, at least, was not high. Miller and Obermann (1969) have discussed the factors which might motivate a counselor to participate in a continuing educational endeavor, including status,

Table 4

Covariance Analysis (Dunnett - one tailed tests)
of Individual Learning Units

Learning Unit	Group	n	Adjusted Post Treatment Mean	Comparisons	t-value for adjusted mean
1-001	1	40	3.13	Group	
Job Analysis	2	46	2.57	1-2	-2.7786**
in Placement	3	69	2.61	1-3	-2.4966*
1-002	1	47	1.95	Group	
Intelligence	2	89	1.67	1-2	-1.4291
Tests	3	69	1.69	1-3	-1.3114
1-003	1	43	2.61	Group	
Interest	2	93	2.39	1-2	-1.0221
Tests	3	69	2.61	1-3	0.0069
1-004	1	34	2.94	Group	
Scholastic and	2	102	3.15	1-2	0.7635
Achievement Tests	3	69	2.93	1-3	-0.0382
1-005	1	41	2.14	Group	
Multiple Aptitude	2	95	2.03	1-2	-0.4984
Test I	3	69	1.91	1-3	-1.0047
1-006	1	45	3.40	Group	
Personality	2	91	2.92	1-2	-2.1740*
Tests	3	69	3.06	1-3	-1.4875
1-008	1	32	2.81	Group	
Assessing Client	2	104	3.54	1-2	0.0244
Work Information	3	69	3.09	1-3	-0.1766
1-009	1	39	2.52	Group	
Understanding	2	97	2.07	1-2	-1.9565*
Norms	3	69	2.10	1-3	-1.7306
1-010	1	34	2.66	Group	
Understanding	2	102	2.19	1-2	-2.1195*
Basic Statistics	3	69	2.20	1-3	-1.9464*
1-011	1	48	3.32	Group	
Medical Terminology	2	88	2.98	1-2	-1.6902
	3	69	3.07	1-3	-1.1657

1-012	1	57	2.61	Group	
Anatomy &	2	85	2.20	1-2	-2.1237*
Physiology I	3	69	2.17	1-3	-2.1839*
1-013	1	40	2.50	Group	
Anatomy &	2	96	1.91	1-2	-2.8669**
Physiology II	3	69	2.22	1-3	-1.2711
1-014	1	29	2.88	Group	
Anatomy &	2	107	2.24	1-2	-2.6227**
Physiology III	3	69	2.18	1-3	-2.7252**
1-015	1	30	2.84	Group	
The Arthrides	2	106	2.34	1-2	-2.1088*
	3	69	2.37	1-3	-1.8931
1-016	1	23	2.59	Group	
Psychological	2	113	2.38	1-2	-0.9014
Aspects of Disability	3	69	2.36	1-3	-0.9279
1-017	1	39	2.03	Group	
Priviledged	2	97	1.14	1-2	-5.3367**
Communication	3	69	1.27	1-3	-4.3020**
1-018	1	26	2.48	Group	
Multiple Aptitude	2	110	2.24	1-2	-1.0066
Tests II	3	69	1.95	1-3	-2.0691*
2-001	1	32	2.51	Group	
Initial	2	104	2.08	1-2	-2.3205*
Interview	3	69	2.22	1-3	-1.4844
2-002	1	31	3.22	Group	
Collecting Informa-	2	105	3.05	1-2	-0.7302
tion from the Client	3	69	3.03	1-3	-0.8126
2-003	1	31	3.33	Group	
Test	2	105	2.83	1-2	-2.0476*
Interpretation	3	69	2.65	1-3	-2.6552**
2-004	1	20	3.29	Group	
Using Occupational	2	116	2.76	1-2	-2.0093*
Information	3	69	2.69	1-3	-2.4483*
2-005	1	25	3.53	Group	
Dealing with the	2	111	3.60	1-2	0.2980
Third Person	3	69	3.47	1-3	-0.2208

2-006	1	40	3.50	Group	
Dealing with	2	96	2.86	1-2	-2.9785**
Dependent &					
Hostile Clients	3	69	2.68	1-3	-3.6347**
2-008	1	37	3.53	Group	
Dealing with the	2	99	3.10	1-2	-1.8692
Mentally Retarded					
Client	3	69	2.91	1-3	-2.5634**
2-009	1	35	2.33	Group	
Counseling Strate-					
gies: A Develop-	2	101	2.28	1-2	-0.2069
mental Model	3	69	2.09	1-3	-1.000
2-010	1	31	2.62	Group	
Developing Client					
Exploratory Beha-	2	105	2.44	1-2	-0.7738
vior and Vocation-					
al Planning	3	69	1.97	1-3	-2.6802**
2-011	1	27	2.20	Group	
Client Task					
Assignment	2	109	2.02	1-2	-0.8595
and Follow-up	3	69	1.81	1-3	-1.7877
3-001	1	20	2.55	Group	
Occupational	2	116	2.02	1-2	-2.1334*
Information	3	69	2.24	1-3	-1.1977
3-002	1	28	3.12	Group	
Pre-Vocational	2	108	3.37	1-2	1.0333
Evaluation	3	69	3.21	1-3	0.3406
3-003	1	29	2.41	Group	
Placement in	2	107	2.27	1-2	-0.6852
Vocational					
Rehabilitation	3	69	2.56	1-3	0.6807

* $p < .05$
** $P < .01$

Group 1 - Experimental Counselors Taking the Learning Unit
Group 2 - Experimental Counselors Not Taking the Learning Unit
Group 3 - Control Counselors

monetary reward, and supervisory recognition. One of the experimental conditions of this study was that the counselor provide his own motivation for participation, although an attempt at providing some motivation was included when the results of the pre-treatment SCERC Information Test score profile was given to each counselor, suggesting areas of weakness in the counselor's knowledge about his job. This effort apparently had little effect on counselor participation in the training program (Report 2, 1971).

Two factors which appear to be very significant to actual counselor participation in any continuing education effort are available counselor time and supervisory attitude toward the program. Because of the traditional state agency emphasis on services to the client and large counselor caseloads, a counselor may feel he does not have any time to contribute to a continuing educational program. Also, the office supervisor may actually inhibit counselor participation because he feels the program is of little value or unnecessary, or emphasizes the use of limited counselor time for executing what he considers more important or immediate considerations. Either of these factors may have been influential in limited counselor participation in this project. Obviously, if such a continuing education program is to be effective, conditions must exist that motivate the counselor to participate.

It should be noted that some test score improvement occurred for the experimental and control groups. This may be accounted for by the knowledge gained in taking the test or by other inservice training activities which occurred simultaneously with the SCERC training.

In an effort to further examine the effectiveness of the treatment package an analysis was made of SCERC Information Test score improvements for experimental counselors who actually took the Learning Units, experimental counselors who did not take the Learning Units, and control counselors. An analysis of variance indicated a significant interaction effect, suggesting the three groups were different following the training period. A post hoc evaluation of this relationship indicated that the experimental counselors who actually took the learning units had significantly increased information relevant to their job. It may be concluded that the overall treatment package is effective in increasing counselor knowledge when the instructional packages are actually used. Again the question of counselor motivation for participating in continuing education programs becomes important. An effective approach to the continuing education of employed rehabilitation counselors is relatively useless unless counselors are willing to become involved in such an effort. (For an analysis of counselor personal characteristics and voluntary participation in taking learning units, see Report 2, 1971).

As each individual part (Learning Unit) of the total inservice training package was independently constructed covering different material, the probability that the separate Learning Units would produce varying degrees of effectiveness appeared quite high. Because this possibility held important implications for the total experimental approach to continuing education, an individual analysis of each learning unit was undertaken. Thirty separate covariance analyses and subsequent t-test comparisons indicatd that 17 of the learning units were associated with significantly higher gains in knowledge. Thus, the suspicion that the Learning Units have a differential effectiveness was confirmed, suggesting that some of the units contribute to the overall quality of this particular inservice training program while other units contribute little. Obviously a more effective program could be presented if all Learning Units were equally effective.

Limitations: The following considerations should be taken into account in interpreting the results of this study.

While the subjects in the present study represented both urban and rural areas, all came from three midwestern state vocational rehabilitation agencies. While it is likely that these counselors are similar to counselors in other state rehabilitation agencies, (see Report 2, 1971), caution should be used in generalizing the results to rehabilitation counselors working in other settings.

In regard to counselor participation in this training, inferences are limited to participation in training of the SCERC type.

The criterion instrument, the SCERC Information Test, and the testing procedure introduced several possible limitations to the results. Because of the small number of items in each learning unit test (5) the test may not have been adequately discriminating. The test's ability to discriminate between the various levels of counselor knowledge may also have been limited by a "ceiling effect." Although, it was observed that no counselor answered every question right. Also the mean test score of each study group centered around the test item mean (2.5). The discrimination of differential counselor learning may also have been limited by the tendency of the test scores to regress toward the mean during the post treatment evaluation.

Implications: This experimental program for concept development in the continuing education of rehabilitation counselors offers many advantages. Each learning unit can be constructed to meet individual agency and counselor requirements. The materials necessary are inexpensive to develop and can be easily revised. A set of learning materials can be placed in even the smallest offices thus cutting out travel time to a training site. With the training package readily available in the office where the counselor is working, the training material can be used at the counselor's convenience cutting down on the intrusion of training into client services. An added feature is the convenience which allows the counselor to choose that training material which has relevance to immediate questions that arise for him, instead of waiting for such material to be offered at a later time and place.

Obviously no continuing education program will be effective if counselor participation is minimal. This factor may make a voluntary program of continuing education impractical. An effort should be exerted to evaluate a similar program with mandatory participation. An important consideration in such an evaluation should be counselor satisfaction with the program (see Report 2, 1971). In many state agencies, counselors are now selectively required to attend workshops and other training efforts, so mandatory participation may not be too large a step, especially if appropriate reinforcement is given for successful participation.

A general observation of this study is that a voluntary, packaged instructional approach to conceptual training of rehabilitation counselors appears promising, but a greater effort is needed in developing the training materials if the program is to be highly effective. The materials must not only be technically precise and well constructed but must also make every effort to motivate counselor participation, if voluntary involvement is to remain an important variable.

CHAPTER III

THE OUTCOMES OF AN EXPERIMENTAL CONTINUING EDUCATION PROGRAM IN SKILL DEVELOPMENT

A. A Brief Review

In training many professionals, the "practicum" or "internship" is a major mode of instruction (see Report], 1969). During such periods of instruction, the student is expected to demonstrate and practice his concept development by displaying manifest behavior in accordance with theory. In graduate rehabilitation counselor training programs, practica and internship experiences have been recommended both by professional associations (e.g. ARCA, 1966), as well as the Joint Liaison Committee (1968), which is composed of counselor educators and state rehabilitation directors. In addition, practicing rehabilitation counselors, both trained as well as untrained, appear to highly value training received through on-the-job experience (see Report 2, 1971).

Practica or internship experiences, however, where the student is exposed to his work milieu and expected to cope with a complex set of work tasks, is an expensive part of professional training, beset with many problems. Some provision should be made for "graduated" exposure, if possible, where the student can be exposed to increasingly complex client problems. Often, due to the availability of clients while a student is in practicum, he may not get exposed to certain client problems. When it is remembered that student supervision during practica or internship periods must be accomplished on a one-to-one or small group basis, it can be seen that skill development training, either in graduate schools or through continuing education experiences is an important part of training that is difficult to effect, as well as measure. In addition, the observational process, itself, may cause changes in what is observed (Roberts and Renzaglia, 1965).

Situational or laboratory training experiences have been developed as complimentary to actual practica exposure and to remedy some of the deficits found in such experiences (see Report 1, 1969). Such learning experiences have a certain "artificiality," since they are generally composed of some set of job tasks that are abstracted from the total work environment, to which the student is exposed in a standardized manner. Thus, one is confronted with the transfer of learning problems back into the actual performance of the job. However, they do permit the additional exposure of the student to job tasks that might not routinely occur in practica experiences, or to gradually make the student's exposure more complex.

Another important consideration in practica or internship training experiences is the method of monitoring, observation, or feedback to the student. Since the student is generally observed performing a complex set of tasks, responding to contingencies that might arise as he performs a variety of tasks, the sequencing and observation of such a learning experience is a matter of some concern . "Micro" techniques are also in line with teaching-learning linkage as described in Report No. 1 (1969). However, the observation of the student still requires a highly-trained person who again is restricted to one-to-one or small group presentation, which keeps the expense of such instruction above the typical concept development experience, both in time and money.

As indicated in Report No. 1, the continuing education of rehabilitation counselors, at the level of displayed skill(s), should be a part of the agency evaluation of counselor performance, and related to ultimate agency objectives (such as client outcomes). Concept development and attitudinal or dispositional development training experineces culminate in the counselor's skill display in actual job tasks which are keyed to ultimate criteria the agency purports to achieve (Report No. 1, 1969).

B. Results

The overall design of this phase of SCERC research is presented in Chapter 1 of this report. Essentially, by providing counselors with feedback from what clients reported they experienced on five dimensions of their initial interview with the counselors, it was hoped to demonstrate counselor change on those dimensions which needed improvement. Change on (1) client reports; (2) supervisor monthly critiques of tape recorded interviews; as well as change on the (3) Helping Relationship Inventory was anticipated. The counselor was provided with a manual of readings, laboratory exercises as well as annotated interview typescripts (see Appendix M for table of contents) as learning resources in effecting what he thought was necessary change. Supervisors were provided with some advance training in critiquing initial interview behavior at a workshop (see Appendix J for their evaluation of this event). The use of client and supervisor ratings of initial interview behavior on employed counselors appears in line with the recommendations of several investigators: (1) using multiple criteria (Muthard and Miller, 1966); (2) employing specific rather than global measures (Volsky, 1965; Sprinthall, et al., 1966); (3) measuring on-the-job counselors rather than those in a workshop or practicum (Cash and Munger, 1966; Whitely, 1969).

Overall, this phase of the SCERC research must be considered a failure. That is, it failed to demonstrate possible changes in counselor skill development in initial interview behavior for several reasons: (1) instruments used as criteria were insensitive to change; these included Client Report Form (see Appendix H); Supervisor Tape Recording Observation Form (see Appendix I); the Helping Relationship Inventory; (2) the supervisors and counselors did not hold enough monthly conferences in critiquing tape recorded initial interviews to provide a useful quantity of data. In a moment, we will discuss these factors.

Counselors' and supervisors' reactions to this phase of the research, collected at the end of the study, provide some additional clues as to the failure of SCERC Phase II to demonstrate change. For example, counselors reactions to this phase of research are presented in Table 5.

Table 5

Counselor Reactions to SCERC Phase II (N = 42)

Item Judged	Very Helpful	Of Some Help	Of Little Help	Of No Help
Readings in Manual	43%	45%	10%	2%
Laboratory Exercises in Manual	10%	72%	10%	8%

Interview Transcripts in Manual	14%	76%	7%	2%
Client Report Profiles	26%	52%	14%	7%
Supervisor Taping sessions	46%	41%	8%	5%

As Table 5 indicates, less than half (42 out of 96) of the counselors had even utilized the manual during the study or had a critique conference with their supervisor. Usually, if they had utilized the manual, it was as part of a group in their office. Of those who had utilized the manual or had at least one supervisory critique of an interview, readings in the manual and supervisory critiques were judged most frequently as "very helpful."

Supervisors completed a reaction sheet to this phase of research at a concluding two day workshop, held at the University of Iowa in January, 1971. The supervisors responded to open-ended questions about the research in small groups which had a SCERC research person available to answer questions. The important questions they responded to were:

(1) What important problems did you face in the implementation of SCERC - Phase II?

The overwhelming majority of the supervisors indicated (1) lack of time and (2) lack of counselor interest or complacency in following through as the two biggest problems. Other items mentioned at least once were: (a) distances to counselors; (b) staff turnover; (c) lack of adequate orientation to project since a new supervisor was in the office; as well as (d) time of year study was begun and carried out. (It should be mentioned, in retrospect that summer months with vacations, etc., were not the best time to begin this study).

(2) Do you plan to continue seeing counselors in individual conferences on tape recordings, now that SCERC - Phase II is over?

Eight supervisors felt they would definitely continue seeing counselors either individually or in small groups in conferences critiquing tape recorded interviews; six felt they might hold such interviews, wanted to hold them, but needed to see if certain contingencies on time could be worked out; three supervisors saw no value in them and did not plan to continue worrying about such training events; in addition, eight supervisors felt they could not respond one way or the other, which problably should classify them in the "No" category as to future use.

(3) What additional training, if any, would you like to improve your ability to handle the inservice training needs of counselors in your office?

Supervisor responses to this question were directed toward (1) getting training in specific subject areas as well as (2) getting training or help in being a better trainer. Most responses were directed at getting trained in how to more effectively train counselors. In subject

matter areas, supervisors most frequently wanted training in group counseling as well as management techniques, in that order.

(4) In a typical month, how many hours of inservice training might be scheduled in your locale?

One supervisor believed no hours of training could be scheduled, during working hours, without significantly altering client services. Two supervisors wanted over one hundred hours of scheduled training. The remainder, however, were remarkably consistent in their estimates: district office supervisors were plotted as follows:

8 hours per month = 2

10 hours per month = 5

12 hours per month = 1

16 hours per month = 1

18 hours per month = 1

The mode of district supervisor estimates of hours of inservice training which might be scheduled without significantly altering client services was ten (10) hours. For non-district office supervisors, who might be supervisors in a facility, for example, the estimates were plotted as follows:

10 hours per month = 1

12 hours per month = 1

14 hours per month = 1

15 hours per month = 3

16 hours per month = 2

20 hours per month = 1

For this group of supervisors, the mode for possible hours of inservice training per month was fifteen (15) hours. In the first report (Report No.1, 1969) we estimated that 10% of the work time should be set aside for counselor continuing education; this would be about sixteen (16) hours a month.

SCERC - Phase II: Client Report Data

As was pointed out earlier, clent reports were collected on participating counselors over the entire course of this research phase, including the two months prior to installing learning materials or the "control" period of study. Counselors were given a profile of client responses when the packaged learning materials (manual of readings, exercises, and typescripts) were placed in the offices, and another client profile two months later.

There were sixty (60) counselors upon whom at least one client report was received during the entire course of the study. However, twenty-two (22) counselors only achieved five (5) or less client reports, and forty-one (of the 60 counselors who had any client reports) accumulated ten (10) or less client reports. Table 6 presents the tabulation of client reports.

Table 6

Frequency of Client Reports on Counselors in SCERC Phase II (N = 60)

Number of Client Reports	Number of Counselors
1 - 5	22
6 - 10	19
11 - 15	8
16 - 20	2
21 or more	9
	N = 60

The range of client reports, received on these counselors, was from one (1) to thirty-nine (39), with the average being about nine (9). The total number of client reports received was 530; this was for the entire period of SCERC - Phase II, including client reports received prior to distributing the packaged learning materials and beginning monthly supervisory critiques of tape recordings. (In short, the experimental as well as control portions of SCERC - Phase II). Approximately 600 client reports were given out by research helpers; this represented about an 88% return from clients actually given forms. We had anticipated that about eight reports, per month, per counselor would be achieved, or about 4600 client reports collected. Obviously, this anticipation varied widely from actual reports collected.

A check on the reliability of the Client Report Form, indicated considerable stability of perceptions on most of the rated dimensions about the counselor over clients. Table 7 presents reliability results on client reports. For counselors who had at least two client reports, a random selection of two clients were chosen, and their ratings intercorrelated for the results in Table 7.

Table 7

Reliability Estimates for the Client Report Forms (N = 39)

Dimension	Inter-Rater Estimates Across Clients Obtained	Corrected[1]
1 Communicating Understanding	.22	.71
2 Informing about agency	.09	.47
3 Listening	.45	.88
4 Informing about next steps	.01	.08
5 Sensitivity to client feelings	.42	.87

Total Score[2]	.47	.89

[1]Corrected by Spearman-Brown Prophecy Formula to an average of nine cases.
[2]Based on first five (5) dimensions

The data in Table 7 would seem to indicate that, given at least nine client reports, reliability of the various dimensions (except (2) and (4)) is quite acceptable. However, it would appear that such results are due primarily to "halo" effect and consistent rater bias in judging the counselor as "high" on those dimensions that were most subjective and open to such bias. Dimensions two and four (Informing about agency; Informing about next steps) were least susceptible to such consistent rater bias, as indicated by lower reliability and the fact they were contingent, to some extent, on what the client had actually received by way of such infomation.

Table 8 presents data reflecting the degree of relationship among the several dimensions of the Client Report Form.

Table 8

Intercorrelations Among Dimensions on the Client Report Form
(N = 530)

Dimension	2	3	4	5
1 Communicating-Understanding	.78	.77	.64	.86
2 Informing about agency		.83	.84	.80
3 Listening			.72	.82
4 Informing about next steps				.67
5 Sensitivity to client feelings				

As might be expected, with consistent rater bias and "halo" operating in such judgments, the relationships among the dimensions on the Client Report Form are also quite high. When a counselor was judged as "good" on one dimension, he was also judged as "good" on the others.

The Client Report Form (see Appendix H) was developed after pre-testing several versions of different blanks in a local, state rehabilitation agency office. It was anticipated that the adopted blank would permit some discrimination between selected dimensions of the initial interview as well as between counselors. However, Table 9 presents the over-all frequencies for this form, and shows that most of the responses were given in the "Like" and "Quite Like What Happened" categories.

Table 9

Frequencies of Client Ratings on Sixty Counselors (N = 530)
Over a Six Month Period

Dimension	Client Responses: Quite Unlike What Happened	Unlike What Happened	Like What Happened	Quite Like What Happened
1 Communicating Understanding	4%	3%	50%	43%
2 Informing about Agency	3%	4%	51%	42%
3 Listening	3%	4%	51%	42%
4 Informing about next step	5%	11%	45%	40%
5 Sensitivity to Client Feelings	4%	3%	48%	45%

It is interesting to note that dimension four (4), "Informing about next steps", appeared to discriminate most effectively; it is also a dimension we earlier speculated was least susceptible to rater bias.

A visual inspection of client reports on counselors over the course of the study indicated no consistent changes or differences, over time, and so that analysis was not pursued. This was also done in view of the fact that only nineteen (19) counselors (see Table 6), even had more than ten (10) client reports to reflect such change.

SCERC - Phase II - Supervisory Critiques of Tape Recorded Initial Interviews

If the client report data can be described as a disappointment, the supervisory critiques may be described as very disappointing. The major problem, of course, is that there isn't very much of it. It was hoped, that over the course of the four (4) month experimental portion of this phase, with ninety-six (96) counselors being rated each month, an accumulation of at least 384 supervisory critique forms would result. In actual fact, however, we received only ninety-one (91) useable supervisory critiques from only ten (10) supervisors. The majority of the twenty-five (25) participating supervisors did not complete even one supervisory interview. These 91 supervisory ratings occurred on 38 counselors, since some counselors (n = 25) had at least two supervisory ratings in different months of the project.

Of course, the reasons for this became clearer at the end of this research phase (see page 44) and generally as ascribed by the supervisors to lack of time as well as counselor complacency or resistance.

Of course, statistically analyzing this quite incomplete and "spotty" data, over time, to detect counselor change during the experimental portion of this phase, appeared fruitless. However, counselors who had at least two supervisory ratings submitted in different months were utilized to gain some notion about the form's reliability. Table 10 presents this data.

Table 10

Reliability Estimates for Supervisory Tape-Recording Critique Forms (N = 25)

Dimension	Rate-rerate Estimates Within Supervisors
1 Communicating - Understanding	.21
2 Information about agency	.42
3 Listening	.24
4 Informing about next steps	.13
5 Sensitivity to client feelings	.39
6 Generally doing a good job	.01
7 Total Score	.53

As Table 10 indicates, the ratings which twenty-five (25) counselors received from the same supervisor at different times (which could have been four months between ratings) were not highly correlated. Several reasons for this, including the fact that counselors might have changed in their initial interview behavior, must be entertained. However, it would seem that more training of supervisors in rating these dimensions of initial interview behavior on tape recordings, as well as the use of two or more supervisors to accomplish each counselor's rating would improve the supervisory ratings dramatically.

The intercorrelations among the dimensions rated by supervisors on the Tape Recording Observation Form (see Appendix I) are presented in Table 11.

Table 11

Intercorrelations Among Dimensions on the Supervisory Tape Recording Observation Form (N = 9])

Dimensions	2	3	4	5	6
1 Communicating understanding	.31	.65	.49	.50	.49
2 Informing about agency		.52	.48	.32	.69
3 Listening			.64	.50	.65
4 Informing about next steps				.33	.65
5 Sensitivity to client feelings					.40
6 Generally doing a good job					

Generally, supervisors showed less "halo" or greater discrimination in forming judgments on interview dimensions than clients. This is reflected in lower relationships among the dimensions of the Tape Recording Observation Form.

The frequency of ratings, given on these ninety-one (91) supervisory rating forms are presented in Table 12. It must be remembered that these data were collected on only thirty-eight (38) counselors and were given by ten (10) supervisors.

Table 12

Overall Frequency of Supervisory Ratings on Tape Recording Observation Form

Dimension	None of the Time	Few Occasions	Some of the Time	Most of the Time
1 Communicating understanding	0%	0%	32%	68%
2 Informing about agency	0%	17%	36%	47%
3 Listening	0%	9%	29%	62%
4 Informing about next steps	0%	17%	37%	45%
5 Sensitivity to client feelings	0%	5%	22%	73%
6 Generally doing a good job	0%	3%	20%	77%
Total	9%	29%	62%	

As Table 12 indicates, however, supervisors gave primarily good ratings on all dimensions (dimensions (2) and (4) again reflected the most discrimination).

SCERC - Phase II Helping Relationship Inventory Data (HRI)

As is indicated in Chapter I, the Helping Relationship Inventory was administered at three different periods in this phase of the research; at the beginning; two months later when the learning materials were distributed and the experimental portion began; at the end of Phase II. The intercorrelations for the thirty-eight (38) counselors who had supervisory ratings (indicating at least some "treatment" was going on) are presented on these time periods for the (HRI) in Table 13.

Table 13

Intercorrelations of HRI Scales Over Time (N = 38)

Scale	Interval 2 months	4 months	6 months
Understanding	.84	.84	.86
Probing	.78	.82	.69
Interpretive	.64	.64	.52
Supportive	.68	.70	.59
Evaluative	.80	.75	.70

These estimates (which can be viewed as reliability estimates in one sense) indicate that counselor response style to the HRI was a relatively stable phenomenon.

SCERC - Phase II Some Post Hoc Data Analyses

Before we rather sorrowfully filed our SCERC - Phase II data, there were several questions of interest which we tried to develop some information on; it must be kept in mind that our analyses, and conclusions, here, are highly exploratory and conducted in a post hoc manner.

For one thing, we wondered whether or not counselor responses to the Helping Relationship Inventory were related to how clients saw counselors in the initial interview. Table 14 presents these results.

Table 14

Stepwise Multiple Regression Analysis of HRI Scales vs. Client Rating, Total Score (N = 58)

Dependent Variables (HRI scales)	R	Regression Equation (Standard Score Form)
Supportive	.27*	y = .27 Suppt.
Evaluative	.33*	y = .35 Suppt. - .21 Eval.

*p<.05

The data in Table 14 reflect the fact that clients expressed greater satisfaction (judged as "Quite Like What Happened") with counselors who have a preference for an evaluative response mode and less preference for a supportive response style. In addition, a significant zero-order r of .34 was found, relating the supervisory total rating on the tape-recording observation form to the evaluative scale of the HRI. This finding indicates that counselors who express a relative preference for the

evaluative style of responding receive higher supervisor and client ratings.

Pearson product-moment correlations between dimensions on the supervisor and client rating forms were computed. Correlations between the five similar dimensions of these two instruments were low and non-significant, with absolute values ranging from .06 to .28. The correlation between supervisor and client total score was .25, which is non-significant. These results would seem to indicate that the two rating scales are nonrelated, and appear to be measuring independent attributes of counselor performance.

C. Discussion and Summary

SCERC - Phase II as far as documenting a successful packaged approach to changing counselor behavior in initial interviews must be considered a failure. Our experiences and post-mortem reflections on SCERC - Phase II have uncovered, we believe, some of the problems and factors that must be considered, however, in any long term skill training sequence.

First, SCERC - Phase II began with only volunteers among both supervisors and counselors, as well as paid research helpers in all locales. Yet, the necessary interest among this group was not sufficient to compile a useable body of observations and research data to measure its impact. Lack of time and lack of reinforcement of a significant nature to maintain interest among counselors and supervisors appear as two of the biggest problems. In short, concentrating on developing improved initial skill behavior was unrelated to either increased salary or to promotion for either supervisors or counselors. With large caseloads and the pressures of providing service such training is apt to get a low priority. Suitable rewards for training as always, is of paramount importance. (In the next chapter, we shall furnish some evidence for this).

On the other hand, supervisors in our study would not see ten (10) hours of inservice training a month as unreasonable (see page 45). Consequently, in order to maximize the training time that is available, most skill development training should be accomplished in small groups rather than on a tutorial basis. This will require that counselors develop the attitude that all behavior, including behavior which occurs in the interview room, is open for inspection to their peers and supervisor.

Second, a coherent method of monitoring and checking on the progress of training will be crucial in effective skill training, done as part of an ongoing rehabilitation agency operation. This is related, of course, to the measurement and observation of complex behaviors, many times, which professional groups often confront. Consequently, the development of suitable observational techniques for skill training will require extensive research, in itself, before much progress is made in such training for practicing rehabilitation counselors. See Report 1 (1969) for a much more detailed discussion.

Finally, from knowledge gained in the SCERC project as a whole (see Report 2, 1971), it would seem that very little, planned skill development training is going on in state rehabilitation agencies; most of the planned training is of a conceptual or information development nature, gotten through a college or workshop. Consequently, the need for planned, continuing education of a skill development nature is most acute. It is often argued that on-the-job experience will take care of this; the only sane reply, of course, is: How do you know?

CHAPTER IV

THE OUTCOMES OF A DIFFERENT FORM OF EXPERIMENTAL CONTINUING EDUCATION PROGRAM IN CONCEPT DEVELOPMENT

A. A Brief Review

Chapter II of this report presents outcome data on one form of an experimental program for concept development in practicing rehabilitation counselors. As indicated, such an approach appears to have merit and could be developed into an effective method of continuing education in concept development or information transfer. However, the learning units, as a vehicle for the delivering of instruction, were developed according to certain teaching-learning linkages, which are generally applicable to many vehicles for instruction. (The thinking and context for all SCERC research efforts were discussed in Report 1, (1969); the reader is again urged to consult that report for details of the rationale for this study). The learning units, discussed in Chapter II, have the additional merit of being; (1) relatively inexpensive and easily revised; (2) distributed to offices where only one or two counselors are housed and inaccessible to other training; (3) easily incorporated into the counselor's work day. The question is, of course: Can the teaching-learning linkages help design a different form of continuing education for rehabilitation counselors?

A review of the literature (Dubin and Taveggia, 1968; Miller and Obermann, 1969; Briggs, et al., 1968), should convince anyone that as far as the adult learner is concerned, research on comparing specific media and vehicles for instruction shows that any format can be equally effective as long as some care and forethought is put into the learning experiences. In a review of the literature, with this in mind, we think there are several concerns or principles the trainer should have in formating specific learning sequence or experience. That is, the trainer should try to use:

1. Advance Organizers as a Teaching-Learning Link

In concept development or information transfer to the adult learner, the learner should be told at the outset what principle or lawfulness he is supposed to perceive from the material. He then "subsumes" the material or facts by using these advance organizer(s).

2. Single-Concept Presentation as a Teaching-Learning Link

The presentation of content in concept development or information transfer should aim at defining major concepts and delivering them in a "single" concept fashion in so far as possible. After presenting relatively single concepts serially, the content can then be structured for integration of concepts.

3. Continuous Feedback and Evaluation as a Teaching-Learning Link

The learner requires more or less continuous feedback as to his status with regard to concepts or information. Such feedback should allow him to correct misinformation, indicate remedial action, and allow him to skip certain already-known material or to include such material for additional enrichment. Evaluation and feedback are just as necessary for the "superior" learner as for the "poor" learner.

4. Multi-Media Presentation as a Teaching-Learning Link

In a given learning experience, multi-media presentation should be considered so as to: (a) Transmit information through multiple senses; (b) present several alternate explanations through both visual and auditory methods for particularly difficult or unfamiliar concepts; (c) retain learner interest and retard fatigue or boredom.

5. Sectioning of Learners as a Teaching-Learning Link

Prior to a learning experience, evaluation of the participants should permit the grouping of learners, on significant correlates with the learning experience, so as to maximize concept development and information transfer. Such variables as previous training, current work setting, personal interest in content area, are variables that appear particularly relevant to sectioning in the continuing education of rehabilitation counselors.

In line with the above teaching-learning links, the design of another form of experimental continuing education for practicing rehabilitation counselors was constructed. For example, in the way of "advance organizers", an annotated instructor's guide was developed as part of the manual of learning materials (see Appendix M) which helped the learner understand what might be gained from the group meetings scheduled for his office. As part of the evaluation or "feedback" process, the participating counselor took an initial examination on a unique trainer-tester response card (see Appendix L) which permitted him to know his performance immediately. The same was true for his "final" examination at the conclusion of the learning experience. Some attempts were also made to "block-up" readings in a given scheduled group meeting so as to achieve some "single-concept" presentation. Tape recorded interviews with the directors of three major rehabilitation facilities, as well as a set of 2 x 2 slides on those facilities were provided (in line with multiple-media presentation). No attempt at sectioning learners (except that counselors "knew" how much they "knew" about the training after the initial examination) was incorporated. This training (as pointed out in Chapter I) was designed to increase the conselors' knowledge of rehabilitation facilities and at least gain minimal practice (skill training) in referring clients to facilities.

B. Results

The overall design of this study is discussed in Chapter I. Generally it covered a five state, midwestern area and involved about 274 counselors. From this group of counselors, we received test data, both pre- and post from 160. In addition, 62 counselors took the training for 2 hours of graduate credit, after paying the necessary fees.

Our analysis was conducted along two lines: (1) collecting feedback from the participants on what they believed were the relative merits of the different components of the training program; (2) assessing the increase in counselor knowledge as a result of the training as well as whether or not selected counselor characteristics (sex, experience, previous training, and whether taking it for graduate credit or not) were related to knowledge gains. (In certain analyses, since a counselor may not have completed the personal characteristics section, the number in the analysis may fluctuate slightly).

Table 15 presents data on how participants perceived components of the training.

Table 15

Frequency of Participant Responses to Rehabilitation Facilities Training (N = 160)

Training Component	% Very Helpful	% Of Some Help	% Of Little Help	% No Help
1. Readings - Group Session I	31	53	13	3
2. Readings - Group Session II	29	53	17	1
3. Readings - Group Session III	27	53	19	1
4. Readings - Group Session IV	48	40	11	1
5. Slides	14	45	26	14
6. Tape Recorded Interviews	22	40	28	10
7. Group meetings & discussion	60	32	7	1
8. Training coordinator at your locale	60	36	3	1
9. State staff development person	41	43	9	8

Table 15 indicates that participants generally valued the components of this training, except for the slides that were provided. It is also interesting to note that Group IV readings as well as the group meetings and coordination of the local training coordinator were valued the highest. Group IV readings were the most "practical" and included exercises for referring a client to facilities. The local training coordinator was usually the district supervisor or a senior counselor.

We began the analysis of change in counselor knowledge by comparing pre- and post-test scores for all counselors. Using the t-test for related samples, it was found that counselors, in general, scored significantly higher (beyond .001 level) on the post-test than they had on the pre-test. A t value of 17.59 (N = 160) was found.

Type I analyses of variance (Lindquist, 1953) were performed to analyze the pre- and post-test performances of counselors by sex, level of training, level of experience, and taking the training for credit. There were no significant differences found for sex.

Table 16 presents data on differences by training level. As the data indicate, there was a significant difference with trained counselors showing the greatest pre- and post-test performance.

Table 16

Comparison of Counselor Test Performance
by Previous Training (N = 156)

Sources	df	SS	MS	F-Ratios
Between Subjects	155	4238.85	27.38	
B (training level)	2	199.31	99.66	3.77*
error (b)	153	4039.53	29.40	0.00
Within-Subjects	156	7557.00	48.44	0.00
A (pre-post)	1	5088.46	5088.46	318.45*
AB	2	23.78	11.89	.74
error (w)	153	2444.76	15.98	

Training levels	Pre-test Mean	Post-test Mean
Group I = Up to BA degree	15.67	24.59
Group II = over BA & Non-rehab. M.A. degree	15.52	23.34
Group III = MA in Rehab. Counseling	17.68	25.22

* significant beyond .05 level.

As can be seen in Table 16, trained counselors (those with MA degrees in Rehabilitation Counseling) scored highest on both pre- and post-test means; however, the counselors did not improve at a different rate, as is reflected in the insignificant F-ratio for interaction (AB). In summary, although trained counselors in this sample knew more about rehabilitation facilities in the beginning of training, they still improved their knowledge as much as counselors with other training backgrounds.

Table 17 presents data on differences found between counselors of differing levels of experience.

Table 17

Comparison of Counselor Test Performance
by Level of Experience (N = 154)

Source	df	SS	MS	F-Ratio
Between Subjects	153	4117.79	26.91	
B (experience)	1	168.10	168.10	6.47*
error (b)	152	3949.69	25.98	0.00
Within Subjects	154	7478.00	48.56	0.00
A (Pre - Post)	1	5236.69	5236.69	360.27*
AB	1	31.94	31.94	2.20
error (w)	152	2209.38	14.54	

Experience Levels	Pre-test Mean	Post-test Mean
Group I = up to 3 years service	15.31	23.97
Group II = 4 years service & over	17.64	24.89

* significant beyond .05 level

Again, counselors who had four (4) years of experience and over scored significantly higher on pre- and post-test performances than those who had three (3) years of experience and less. In addition, there was no significant interaction, indicating the groups did not improve in a differentiated manner.

Table 18 presents data on differences found between counselors who took the training for graduate credit versus those who did not.

Table 18

Comparison of Counselors Who Took Training For Credit Versus Those Who Did Not (N = 161)

Source	df	SS	MS	F-Ratio
Between Subjects	160	4505.70	28.16	
B (credit taking)	1	94.72	94.72	3.41
error (b)	159	4410.97	27.74	0.00
Within Subjects	161	7805.50	48.48	
A (pre - post)	1	5144.00	5144.00	315.06*
AB	1	65.47	65.47	4.01*
error w	159	2596.03	16.33	

Groups by Credit Taken	Pre-test Mean	Post-test Mean
Group I = no credit taken	16.06	23.52
Group II = credit taken	16.27	25.80

* significant beyond .05 level

As can be seen in Table 18, those counselors who took this training in rehabilitation facilities for credit improved more in their knowledge than those who did not take it for credit. This is evidence, we believe, for the influence of graduate credit as a "reward" for continuing education efforts. In addition, most of those taking it for credit (32 out of 41) were counselors with a BA degree or MA degree in another area; in all probability, they perceived such credit as helping them become more "trained" in the eyes of the agency and leading to monetary or promotional rewards.

C. Discussion and Summary

This project to research and demonstrate a different form of continuing education for concept development in practicing rehabilitation counselors was constructed on teaching-learning links (see Report 1, 1969), and incorporated into short term training conducted by regional federal efforts. Results from this packaged training approach to continuing education would indicate that:

1) All counselors, on the average, significantly improved their knowledge of rehabilitation facilities

2) Trained counselors, with an MA degree in rehabilitation counseling, knew more about rehabilitation facilities, and equally improved their knowledge with this training, as compared to those with a BA degree or an MA degree in another area.

3) Counselors who had four years of service or more, knew more about rehabilitation facilities to begin with, and improved their knowledge as much as counselors who had three years or less of service.

4) Counselors who took the training for graduate credit gained greater knowledge in this training than those who did not.

5) There were no differences in amount of knowledge or improvement in knowledge when counselors were compared by sex.

The major limitation of this study, of course, is the lack of a control group which would help determine improvement in knowledge due to other training. However, since it was worked out as part of an ongoing, regional, inservice training program, a control group was infeasible.

Overall, the results of this study would support the thesis that continuing education of a conceptual nature for rehabilitation counselors can be effectively packaged in different forms (see Chapter II), as long as some concern is shown for important teaching-learning links (see Report 1, 1969). When significant rewards (such as graduate credit) is offered as well, packaged training can be even more effective.

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APPENDICES

Appendix A SCERC Supervisor Questionnaire

Appendix B SCERC Counselor Questionnaire

Appendix C Rehabilitation Counselor's Cumulative Training Record

Appendix D Learning Units

Appendix E SCERC Learning Unit Evaluation Form

Appendix F List of Offices Participating in SCERC

Appendix G SCERC Supervisory Rating Blank

Appendix H SCERC Client Rating Blank

Appendix I SCERC - Phase II - Supervisor's Tape Recording Observation Form

Appendix J SCERC - Phase II - Summary of Supervisors' Workshop

Appendix K Contents of Manual of Readings

Appendix L Van Valkenburgh, Nooger & Neville, Inc. Response Card

Appendix M Contents of Manual

APPENDIX A

University of Iowa
S C E R C SUPERVISOR QUESTIONNAIRE

(Confidential)

General Information

1. Name_____ 2. Date_____

3. Office_____ State_____

4. Age_____ 5. Marital Status:

___ Single
___ Married
___ Separated or Divorced
___ Widowed

6. Sex: Male_____ Female_____

Educational Information

7. Educational level you achieved:

___ Completed High School
___ Some College
___ Completed College
___ Some Post Graduate M.A.___ M.A. Plus____
___ Ph.D./Ed.D.

8. Date first degree granted_____

9. Date last degree granted_____

10. Undergraduate major_____

11. Major field in graduate school_____

12. What was your undergraduate grade point average (based on a 4-point scale)?_____

13. Which of the following describes the extent to which the current inservice training program for supervisors helps you in performing your job.

___1. Rarely
___2. Sometimes
___3. Frequently
___4. Generally
___5. Almost Always
___6. No inservice training program offered by the agency for supervisors.

14. What formal training have you taken in the past calendar year?

___1. Work in a local college or university, e.g. class work or correspondenc
___2. Workshops or institutes
___3. Taken no formal training
___4. Other (specify)_____

Employment Information

15. Years of experience in all types of counseling or personnel work._____

16. Years of experience as a rehabilitation counselor._____

17. Years of experience as a rehabilitation counselor in a D.V.R. setting._____

18. How many years have you worked as a supervisor in a state rehabilitation agency?_____

19. How many counselors do you supervise?_____

20. On the average, in an ordinary month, how many scheduled personal interviews does each counselor have with you for help with job-related problems?

_____

21. On the average, in an ordinary month, how many scheduled group meetings do you have with your counselors for help with job-related problems?

_____

_____

22. On the average, to what extent do you think your consultation with counselors is of major help in their solving job-related problems?

____ 1. Rarely
____ 2. Sometimes
____ 3. Frequently
____ 4. Generally
____ 5. Almost Always
____ 6. I do not consult with counselors

23. What is the population of the area served by your office?_____

24. How many clients have been closed rehabilitated by your office during the year ending June 30, 1968?

_____

25. Do you have an office library that is indexed and available to counselors?

Yes_____ No_____

26. What inservice training programs are available to counselors in your office?

____ Class work in a local college or university
____ Workshops or institutes
____ Correspondence courses
____ Other (specify)_____
____ None

27. How many resource people have you used for the inservice training of your counselors during the past year?

_____

28. For counselors to get promotions (or pay increase) in your agency, rank the following items ("1" equals most important, etc.):

____1. Being in the right place at the right time.
____2. Conforming and playing politics.
____3. Engaging in further training.
____4. Producing 26-Closures.
____5. Having a master's degree in Rehabilitation Counseling.

29. Which professional meetings did you attend during the last year? Check those which apply)

	None	APA	APGA	ARCA	NRA	NRCA	NASW	Other (specify)
State	___	___	___	___	___	___	___	_____
Regional	___	___	___	___	___	___	___	_____
National	___	___	___	___	___	___	___	_____

30. In which professional groups have you held office?_____

31. What professional journals do you read?

I thoroughly read_____

I casually read_____

32. All things considered, which of these statements comes nearest to expressing the way you feel about your job?

____ I like it
____ I am indifferent to it
____ I dislike it

33. How much of the time do you feel satisfied with your job?

____ All of the time
____ Most of the time
____ A good deal of the time
____ About half of the time
____ Occasionally
____ Seldom
____ Never

SEND COMPLETED FORM TO:

Studies In Continuing Education for Rehabilitation Counselors
College of Education
University of Iowa
311 Grand Avenue
Iowa City, Iowa
52240

APPENDIX B

University of Iowa
S C E R C COUNSELOR QUESTIONNAIRE
(Confidential)

General Information

1. Name_____ 2. Date_____

3. District Office_____ State_____

4. Age_____

5. Marital Status:

____ Single
____ Separated or Divorced
____ Married
____ Widowed

6. Sex: Male____ Female____

7. Father's Occupation:

____ Professional or Managerial
____ Skilled
____ Semiskilled
____ Unskilled

8. Father's Education:

____ Grade School
____ Some High School
____ Completed High School
____ Some College
____ Completed College
____ Post Graduate

Educational Information

9. Educational Level You Achieved: (check)

____ Completed High School
____ Some College
____ Completed College
____ Some Post Graduate M.A.____ M.A. Plus____
____ Ph.D./Ed.D.

10. Date first degree granted_____

11. Date last degree granted_____

12. Undergraduate major_____

13. Major field in Graduate School_____

14. What was your undergraduate grade point average (based on a 4-point scale)?____

15. What formal training have you taken in the past calendar year?

____ 1. class work in a local college or university
____ 2. workshops or institutes
____ 3. correspondence course work
____ 4. formal training
____ 5. other (specify)_____

16. In being promoted (or getting a pay increase) in your agency, how would you rank the following items ("1" equals most important, etc.).

____ Being in the right place at the right time.
____ Conforming and playing politics
____ Engaging in further training.
____ Producing 26-closures.
____ Having an M.A. degree in Rehabilitation Counseling.

17. The following describes the extent to which the total current inservice training program helps me in performing my job:

___1. Rarely ___2. Sometimes ___3. Frequently ___4. Generally ___5. Almost Always

18. For each activity listed below, circle a letter to indicate how well your previous training, from different sources, has helped you in performing that activity:

A - Not Helpful
B - Of Very Limited Help
C - Usually Helpful
D - Very Helpful
E - Have had no training/experience in this

Training taken from a college person	Training taken from an agency person	Experience on-the-job	
A B C D E	A B C D E	A B C D	1. Finding a specific job for a client.
A B C D E	A B C D E	A B C D	2. Dealing in face-to-face contacts with client's emotions.
A B C D E	A B C D E	A B C D	3. Using test results to guide a client.
A B C D E	A B C D E	A B C D	4. Using medical reports to guide a client.
A B C D E	A B C D E	A B C D	5. Dealing in face to face contacts with client unrealism in job choice(s).
A B C D E	A B C D E	A B C D	6. Being able to formulate a plan from client information.
A B C D E	A B C D E	A B C D	7. Being able to handle personal problems and prejudices in work situations.
A B C D E	A B C D E	A B C D	8. Using psychological reports to guide clients.
A B C D E	A B C D E	A B C D	9. Reading and understanding research reports.
A B C D E	A B C D E	A B C D	10. Maintaining productive contact with referral sources and other professionals.

19. How many books, which you use on your job, do you have in your personal library?_____

Employment Information

20. Years of experience in all types of counseling or personnel work_____

21. Years of experience as a rehabilitation counselor or worker_____

22. Years of experience as a rehabilitation counselor in this agency_____

23. In an ordinary work month, as part of your job, how many miles do you drive?
_____

24. Taking your total weekly working hours into account, please rank the following activities according to the amount of time you spend on each. (Give that activity taking the most of your time a rank of 1 and the least a rank of 4, etc.)

____ 1. Face-to-face contacts with clients

____ 2. Locating jobs, developing referral sources, and related community work

____ 3. Contacting other professionals (social workers, etc.)

____ 4. Recording, administrative meetings, etc.

25. On the average, how many hours each month do you put into inservice training activities?_____

26. To what extent does your supervisor help you with job-related problems?

____ 1. Rarely
____ 2. Sometimes
____ 3. Frequently
____ 4. Generally
____ 5. Almost Always

27. Which professional meetings did you attend during the last year?
(Check those which apply.)

	None	APA	APGA	ARCA	NRA	NRCA	NASW	Other (specify)
State	___	___	___	___	___	___	___	_____
Regional	___	___	___	___	___	___	___	_____
National	___	___	___	___	___	___	___	_____

28. In which professional groups have you held office?_____

29. What professional journals do you read?

I thoroughly read_____

I casually read_____

30. All things considered which of these statements comes nearest to expressing the way you feel about your job?

____ I like it.
____ I am indifferent to it.
____ I dislike it.

31. How much of the time do you feel satisfied with your job?

____ All of the time.
____ Most of the time.
____ A good deal of the time.
____ About half of the time.
____ Occasionally.
____ Seldom.
____ Never.

Side 1

State _____

Office _____

Name of Counselor _____

Social Security Number _____

First Pretest Taken (Date) _____

Second Pretest Taken (Date) _____

SCERC

Rehabilitation Counselor's Cumulative Training Record*

Instructional Areas	Record of SCERC Learning Units Checked Out and Completed																							
I Information Processing	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
II Counselor-Client Interaction	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
III Resource Procurement	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
IV Administration Work	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
V Miscellaneous	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50

Do not use the spaces below.

1.	10.
2.	11.
3.	12.
4.	13.
5.	14.
6.	15.
7.	16.
8.	17.
9.	18.

* See *SCERC Directions for Maintaining Rehabilitation Counselor's Cumulative Training Record*

Side 2

SCERC

Rehabilitation Counselor's Cumulative Training Record*

Counselor's Name _____ Social Security Number _____

Monthly Log of Other Training

1968-69

Areas of Training	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
1. Training in the Use of Measurement Concepts (Statistics, Tests, Projectives)												
2. Training in Interviewing or Counselor/Client Interaction (Counseling Theory, Practice, Interviewing Skills)												
3. Training in Skills for Interacting With Business or Community (Job Analysis, Labor Conditions, Placement, Public Relations)												
4. Training in Understanding Human Behavior Generally (Psychology, Sociology)												
5. Training in the Use of Physio-Medical Concepts (Diseases, Disabilities, Biology, Physiology)												
6. Training to Develop Personal Attributes (Public Speaking, Thinking More Clearly)												
7. Administration												
8. Other												

Record hours in upper left; method code in lower right of rectangle

Code for recording method of training

C College (class-correspondence)

W Workshop or Institute

A Agency Training (training by the agency)

* See *SCERC Directions for Maintaining Rehabilitation Counselor's Cumulative Training Record*

APPENDIX D

SCERC RESEARCH AND TRAINING PROJECT
THE UNIVERSITY OF IOWA

Unit No.	Title
1-001	Job Analysis in Placement
1-002	Intelligence Tests
1-003	Interest Tests
1-004	Scholastic and Achievement Tests
1-005	Multiple Aptitude Tests I
1-006	Personality Tests
1-008	Assessing Client Work Information
1-009	Understanding Norms
1-010	Understanding Basic Statistics
1-011	Understanding Medical Terminology
1-012	Anatomy & Physiology I
1-013	Anatomy & Physiology II
1-014	Anatomy & Physiology III
1-015	The Arthritides
1-016	Psychological Aspects of Disabilities
1-017	Priviledged Communication
1-018	Multiple Aptitude Tests II
2-001	Initial Interview
2-002	Collecting Information From the Client
2-003	Test Interpretation
2-004	Using Occupational Information
2-005	Dealing with the Third Person
2-006	Dealing with Dependent and Hostile Clients
2-008	Dealing with the Mentally Retarded Client
2-009	Counseling Stratagies: A Developmental Model
2-010	Dev. Client Explor. Behavior and Voc. Planning
2-011	Client Task Assignment and Follow-up
3-001	Occupational Information
3-002	Pre-Vocational Evaluation
3-003	Placement in Vocational Rehabilitation

APPENDIX E

University of Iowa
S C E R C Learning Unit Evaluation Form

Counselor's Name_____ Office Location (Town)_____

Code Identification of Unit Just Completed_____ Date_____

Each time an individual completes a Learning Unit in the SCERC project being conducted by the University of Iowa, this Critique Form is to be completed and given to the Research Helper at the local agency office. She will forward it to the University of Iowa. The purpose of the critique is to help the University staff evaluate the Learning Unit and possibly revise it. Please check the statements below that come nearest to expressing the way you feel.

	Strongly Agree	Agree	Can't Say	Disagree	Strongly Disagree	Item Comments
1. What was covered in this Learning Unit will be useful in the work of a Rehab. Counselor. . . .	_____	_____	_____	_____	_____	
2. The speed with which the ideas were presented in this unit was about right	_____	_____	_____	_____	_____	
3. This Learning Unit was easy to understand . . .	_____	_____	_____	_____	_____	
4. The supplement(s) helped to make this Learning Unit effective. . .	_____	_____	_____	_____	_____	
5. Overall, the method of presentation of this topic was effective . .	_____	_____	_____	_____	_____	

6. What other general evaluative comments do you have concerning this Learning Unit?

APPENDIX F

TREATMENT OFFICES	CONTROL OFFICES
<u>ILLINOIS</u>	<u>ILLINOIS</u>
Alton	Belleville
Carbondale	Chicago Heights
Jacksonville	Peoria
Mount Prospect	Quincy
Rockford	
Rock Island	
Springfield	
<u>IOWA</u>	<u>IOWA</u>
Council Bluffs	Cedar Rapids
Davenport	Des Moines Center
Des Moines District Office	Ottumwa
Fort Dodge	Sioux City
Oakdale	
Waterloo	
<u>MINNESOTA</u>	<u>MINNESOTA</u>
Mankato	Duluth
Minneapolis	Brainerd
St. Cloud	Rochester
St. Peter	Virginia

APPENDIX G

SCERC Supervisory Rating Blank

Supervisor's Name_____

An important aspect of the Studies in the Continuing Education of Rehabilitation Counselors is periodic supervisory ratings of counselor performance. An attempt has been made to make such ratings as easy as possible, without sacrificing undue accuracy. To complete such ratings, please take the following steps:

1. List the names of all counselors you supervise in the center spaces provided on the rating sheet.

2. You are asked to rate each counselor on five dimensions of his performance.

   ____ A = In getting along with co-workers and supervisors
   ____ B = In managing his time and caseload well
   ____ C = In communicating his ideas well, both verbal and written
   ____ D = In making effective use of other resources (community and professional)
   ____ E = In acting on his own to increase professional knowledge and skill

3. For each dimension, (A through E), evaluate how much improvement, if any, the counselor needs at the current time. Needed Improvement is defined as:

   No Improvement = In supervising this counselor, you found no instances in which he has not performed as you expected.

   Some Improvement = In supervising this counselor, you found a few instances in which he has not performed as you expected.

   Much Improvement = In supervising this counselor, you found many instances in which he has not performed as you expected.

4. Make a check (X) in the appropriate box indicating the needed improvement for each dimension.

5. After rating your counselors, please use the spaces in front of each dimension in step 2 above, to rank order them in terms of how important you think they are for getting the rehabilitation counselor's job done. (That activity which is most important is ranked "1"; next most important "2", etc.)

A=In getting along with co-workers and supervisors
B=In managing his time and case-load well
C=In communicating his ideas well, both verbal and written
D=In making effective use of other resources (community & professional)
E=In acting on his own to increase professional knowledge and skill.

Counselor

Needs: A	Needs: B			Needs: C	Needs: D	Needs: E	
☐	☐	No Improvement	8. _____	☐	☐	☐	No Improvement
☐	☐	Some Improvement		☐	☐	☐	Some Improvement
☐	☐	Much Improvement		☐	☐	☐	Much Improvement
☐	☐	No Improvement	9. _____	☐	☐	☐	No Improvement
☐	☐	Some Improvement		☐	☐	☐	Some Improvement
☐	☐	Much Improvement		☐	☐	☐	Much Improvement
☐	☐	No Improvement	10. _____	☐	☐	☐	No Improvement
☐	☐	Some Improvement		☐	☐	☐	Some Improvement
☐	☐	Much Improvement		☐	☐	☐	Much Improvement
☐	☐	No Improvement	11. _____	☐	☐	☐	No Improvement
☐	☐	Some Improvement		☐	☐	☐	Some Improvement
☐	☐	Much Improvement		☐	☐	☐	Much Improvement
☐	☐	No Improvement	12. _____	☐	☐	☐	No Improvement
☐	☐	Some Improvement		☐	☐	☐	Some Improvement
☐	☐	Much Improvement		☐	☐	☐	Much Improvement
☐	☐	No Improvement	13. _____	☐	☐	☐	No Improvement
☐	☐	Some Improvement		☐	☐	☐	Some Improvement
☐	☐	Much Improvement		☐	☐	☐	Much Improvement
☐	☐	No Improvement	14. _____	☐	☐	☐	No Improvement
☐	☐	Some Improvement		☐	☐	☐	Some Improvement
☐	☐	Much Improvement		☐	☐	☐	Much Improvement

APPENDIX H

CONFIDENTIAL

SCERC Project, Rehabilitation Counseling
East Hall, The University of Iowa
Iowa City, Iowa 52240

CONFIDENTIAL

Often times a person comes to this agency but has never talked to a counselor before. He doesn't know what to expect and therefore leaves the interview with questions unanswered. To help us improve, will you answer the following questions as correctly as you can. Please mark the box that best describes your feelings right now.

When you have finished filling in this brief form, please put it in the stamped, addressed envelope and seal it. This will guarantee that no one will know how you, personally, answered it.

Your age _____ Your sex _____

	Quite Unlike What Happened	Unlike What Happened	Like What Happened	Quite Like What Happened
1. I was able to make the counselor understand my situation and the help I need.	☐	☐	☐	☐
2. I was able to get a good idea of what this agency can do for me.	☐	☐	☐	☐
3. I got my own wishes and ideas across so that the counselor will be able to plan with me.	☐	☐	☐	☐
4. I left the interview feeling I know what is to happen next.	☐	☐	☐	☐
5. I was able to express my feelings in such a way that I think the counselor understands me.	☐	☐	☐	☐

Counselor ID Number _____

SCERC - PHASE II
Supervisor's Tape Recording Observation Form

Instructions: Please indicate how the counselor performed on each of the following dimensions by placing a check-mark in the appropriate column.

Counselor:
Supervisor:
Date:

Dimensions	A None of the time	B On a few occasions	C Some of the time	D Most of the time
1. Did the counselor's responses show that he understood the client and the help that he needed?	( )	( )	( )	( )
2. Did the counselor's responses give the client a clear picture of what the agency could do for him?	( )	( )	( )	( )
3. Did the counselor's responses take into account the wishes and ideas of the client and communicate to the client that he had taken note of them?	( )	( )	( )	( )
4. Did the counselor's responses give the client a feeling of knowing what's going to happen next?	( )	( )	( )	( )
5. Did the counselor's responses show sensitivity to the feelings expressed by the client?	( )	( )	( )	( )
6. Did the counselor's responses indicate that he was generally doing a good job?	( )	( )	( )	( )
	A None of the time	B On a few occasions	C Some of the time	D Most of the time

APPENDIX J

SCERC - PHASE II

SUMMARY OF SUPERVISORS' WORKSHOP

The following is a summary of the participants' reactions to the supervisors' workshop, as reported on the Supervisor's Reaction Sheet (SRS). The nearly unanimous reaction indicated a high degree of satisfaction with the content and organization of the workshop. Specific responses to the various sections of the SRS are given below:

Percent of supervisors reporting the helpfulness of elements of the workshop

	A	B	C	D
1. Rogers' paper (Characteristics of Helping Relationship)	15%	65%	11%	8%
2. Miller's paper (Resource-Centered Counselor-Client Interaction)	85%	15%	0%	4%
3. Critiquing programmed tape in small groups	54%	42%	4%	0%
4. Critiquing tapes brought by supervisors	70%	30%	0%	0%
5. Conduct & comments of group leader	74%	22%	4%	0%
6. Over-all workshop evaluation	93%	7%	0%	0%

Note: % rounded

A - Very Helpful
B - Of Some Help
C - Of Little Help
D - No Help at All

As will be noted in the above table, supervisors reported most elements to be either very helpful or of some help (combined percents of A and B ranged from 81 - 100%).

Section II of the SRS asked for any additional comments on the workshop itself. The three most frequent comments in order of rank were as follows: (1) good workshop, (2) good accommodations, and (3) should have another workshop.

Section III asked the group to check how well prepared they felt in critiquing initial interview of counselors. 74% of the supervisors reported that they were prepared but held reservations. An additional 22% felt very well prepared.

The last section of the SRS asked the supervisors what specific problems they anticipated in critiquing counselor initial interview behavior. The three most frequent responses in order of rank were: (1) Not enough time, (2) Counselor resistance, and (3) Lack of confidence.

APPENDIX K

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APPENDIX L

VAN VALKENBURGH, NOOGER & NEVILLE, INC.
RESPONSE CARD

VAN VALKENBURGH, NOOGER & NEVILLE, INC.

NAME _____ RIGHT ____ WRONG ____

CLASS COURSE _____ TEST NO. _____ SCORE ____

DATE _____ ITEMS OF DIFFICULTY ____

Auto-Instructional TRAINER-TESTER * Response Card

DIRECTIONS:
Rub off the block below where you think the correct answer is. Use eraser suited to your hand. "T" means "right"; any other alphabetical response — "E", "H" or "L" — means "wrong." However, for a particular exercise your instructor may choose "E", "H" or "L" instead of "T" as the correct answer. If you uncover a response differing from that designated as correct, and the instructor wishes you to learn the correct answer, continue erasing until that response is revealed; erase as little as possible. FOR ITEM OF DIFFICULTY AND SCORING SEE THE STUDENT DIRECTION SHEET.

Item of Difficulty Mark

QUESTION NUMBER	ANSWER OR TUTORIAL FEEDBACK (a)	(b)	(c)	(d)	SCORING POINTS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

QUESTION NUMBER	ANSWER OR TUTORIAL FEEDBACK (a)	(b)	(c)	(d)	SCORING POINTS
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					

Item of Difficulty Mark

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